

**A Family's Role: *Kindereuthanasie* and Familial Emotions  
Under National Socialism**

by

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A thesis submitted to the Faculty of Graduate and Postdoctoral Affairs in partial  
fulfillment of the requirements  
for the degree of

Master of Arts

in

History

Carleton University

Ottawa, Ontario

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## **Abstract**

During the National Socialist period, the Third Reich murdered over 200,000 disabled individuals because the Nazis deemed them “life unworthy of life.” While historians have conceptualized the violence of official Nazi policy and perpetrators, the role of individual families has largely been overlooked. This thesis utilizes a history of emotions framework to analyze the position of the family in this violence, particularly in how parents of children’s euthanasia victims acted during the Second World War and how they portrayed their actions after the fall of the Nazi regime. Postwar testimonies demonstrate that parents did play an active part (sometimes unknowingly) in the program and its postwar legacies through their emotional navigation of consent, acceptance of institutionalization, and opposition. In all three instances, despite the differing approaches to the Nazi “life unworthy of life” idea, parents portrayed their emotions and actions as being influenced by what was best for their children.

## **Acknowledgements**

First of all, I want to recognize my family and friends who have offered unwavering support over the last few years. To my parents, sister, and boyfriend, I thank you for the continued encouragement and willingness to always listen. I could not have completed this project without you. To my fellow classmates, colleagues, and friends, I would like to acknowledge the role you played in making my MA experience a success. In particular: Sabrina Schoch who I could always confide in and made my experience that much more enjoyable; Merle Ingenfeld, Helen Kennedy, Tyla Betke, and Brittany Long who provided opportunities to have engaging conversation when I needed a break; and Breanna Lester for keeping me sane during our tenure as co-chairs of the Underhill Colloquium. You were all instrumental in my time at Carleton.

I would also like to thank the academic and administrative staff of the History Department who have assisted me throughout my time at Carleton University. In particular, I would like to thank my supervisor Dr. Jennifer Evans for the time that she put into reading, editing, and giving me invaluable advice. Not only did her dedication help me to complete this work, but her assistance in helping me apply for numerous travel awards allowed me to travel to Germany to conduct my archival research in the first place. I would also like to thank Dr. Marshall and Dr. Casteel for reading my thesis and being a part of my thesis committee. Additionally, I also need to thank Joan White for always being available to answer my questions.

Finally, I would like to extend my deepest gratitude to the staff and archivists at the Hessisches Hauptstaatsarchiv, Nürnberg Staatsarchiv, and the Hadamar Memorial Museum. Without their instrumental guidance, this project would not have been possible.

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## Introduction

Franz Faber: “Ulli, Sweetheart? Guess what? You’re going on a little trip. To the country. There’s a special place for special boys and girls like you. It’s like a castle with a big park, lots of grass and trees and fresh air. And do you know what, Ulli? You can kick a ball and fly a kite and run and find worms and do somersaults in the grass, like other boys...”

Sabina Faber: “I’m so glad you finally changed your mind.”

Franz Faber: “Tomorrow morning, a bus is going to come—”

Sabina Faber: “Sweetheart, I know. I know it’s hard. I’m going to miss him too. But we always knew we couldn’t put it off forever. And you know it’s the right thing to do. They’ll be able to care for him. He’ll have friends, and we can visit him—“

Franz Faber: “We can’t visit him! They’re not there to be cared for. They’re taken there to die. They’re a ‘burden to the state.’ They are not children. They are ‘life unworthy of life.’”

Sabina Faber: “That’s— Franz, there’s no way that’s possible... You knew this?! All this time, you knew they were doing this?!”

Franz Faber: “They know about him.”<sup>1</sup>

-*X Company*, Season One Episode Eight

Even though I had been studying the history of eugenics, Germany, and the Holocaust for several years, my first interaction with German euthanasia came from a popularized television show, *X Company*. The Canadian produced series about Allied spies based in Canada details the character of SS officer Franz Faber. The portrayal of Faber becomes complicated when the audience discovers that he has a young son with down syndrome who he must hide due to the nature of his job and climate of eugenics at the time. Later in the season when another soldier discovers his secret, Faber decides along with his wife, to end the life of his son himself rather than send Ulli to what he

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<sup>1</sup> *X Company*, season 1, episode 8, “Into the Fire,” directed by Craig Viveiroes, aired 8 April 2015, on CBC, <https://gem.cbc.ca/media/x-company/season-1/episode-8/38e815a-0094c6bd88d>.

knew to be mass killing facilities.<sup>2</sup> Throughout the rest of the series, the audience watches as Faber struggles to cope with his feelings as well as his role in his child's death. While this is a fictionalized depiction of what it was like to be a parent during the era of German euthanasia, the storyline sparked my historical interest in the topic. I sought to determine what occurred during the German euthanasia program and how parents fit into the situation. I was curious about how well researched this aspect of the euthanasia program was, including what we know and can gather from parental accounts.

The history of *Kindereuthanasie* or the Children's Euthanasia program, while not as extensive as German Holocaust literature, is actually well researched. A survey of the literature provides a vivid explanation of how the rise of extreme eugenics and prejudice against disabled individuals under Nazism led to the death of thousands of children with disabilities. Prominent German and English language scholars have established a burgeoning historiography of disability, eugenics, and euthanasia that sought to ascribe these killings to factors such as racial ideology, cost cutting benefits, and seeing these children as the "Other" in society all while focusing on the actions of the government that enacted the policies and the doctors, nurses, and caregivers who implemented the actions. Yet, the literature barely addresses the role of the family, if any, in this violence. This project utilizes that overlooked source base, using familial testimonies of postwar court cases and a history of emotions framework to yield new ways of examining euthanasia through the interactions and feelings of parents.

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<sup>2</sup> *X Company*, season 1, episode 7, "Quislings," directed by Craig Viveiroes, aired 1 April 2015, on CBC, <https://gem.cbc.ca/media/x-company/season-1/episode-7/38e815a-00916938b1c>; *X Company*, season 1, episode 8, "Into the Fire," directed by Craig Viveiroes, aired 8 April 2015, on CBC, <https://gem.cbc.ca/media/x-company/season-1/episode-8/38e815a-0094c6bd88d>.

## ***Kindereuthanasie: The National Socialist Agenda of Death***

After Adolf Hitler and the National Socialist regime assumed power in 1933, it was not just Jews, homosexuals, and gypsies who faced prejudice, restrictive policies, and death as a result of Nazi laws. The government also targeted people who were disabled or mentally ill. While exact numbers are difficult to identify, scholars estimate that the official state-sanctioned program in Germany killed more than 5,000 children and 70,000 adults with another 200,000 killed by injection or starvation after the program's end during a period known as wild euthanasia.<sup>3</sup> The Nazis built upon past ideas of disability as abnormal and eugenic ideas of the mentally or physically "unfit" to create an ideology within racial science that stigmatized disabled populations, especially children, as a threat to the healthy body of the Third Reich.<sup>4</sup>

During the nineteenth century, two new interrelated forms of ideology and "science" emerged in the form of Darwinism and eugenics. Although not usually considered as a racial ideology per se, the Nazis could and did use Darwin's scientific theories along with eugenics as justification for the persecution of unfit individuals in Third Reich society. Darwinism utilized Herbert Spencer's idea of survival of the fittest, which established ideas of natural selection and became used as a weapon or form of discrimination against class and hereditary illness.<sup>5</sup> The latter science was coined

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<sup>3</sup> Susanne C. Knittel, *The Historical Uncanny: Disability, Ethnicity, and the Politics of Holocaust Memory* (New York: Fordham University Press, 2015), p. 39. Most historians state that *Kindereuthanasie* occurred to children ranging from a few months to approximately sixteen or seventeen. Friedlander, *Origins of Nazi Genocide* (Chapel Hill: University of North Carolina Press, 1995), p.61.

<sup>4</sup> Similar sentiments about "threats" in society also arose in Canada around the same time. For example, Dr Helen MacMurchy and the National Council of Women campaigned to lock up individuals with "feble-mindedness" because it would return social order and prevent contamination of healthy populations. However, the difference being that these prominent Canadians did not advocate for euthanasia or implement such policies. Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*, (Toronto: University of Toronto Press, 2012), 32.

<sup>5</sup> Hannah Arendt, "Race-Thinking before Racism," *The Review of Politics* 6, no. 1 (1944): 65.

“eugenics,” meaning “well-born,” by Darwin’s cousin Francis Galton in 1883.<sup>6</sup> The term eugenics referred to the “science of the improvement of the human race by better breeding.”<sup>7</sup> While Darwinism was important, it was the ideology of eugenics that came to fascinate the world. Those who studied eugenics evaluated people’s mental and physical fitness, looking for ways to improve or impair the qualities bestowed upon future generations. Eugenics overcame the arbitrary idea of survival of the fittest where people did not know who would rise to the top of the hierarchies.<sup>8</sup> Two forms of the ideology emerged: positive and negative eugenics. The former encouraged perceived superior races to reproduce, while the latter sought to prevent supposedly inferior populations from procreating.<sup>9</sup> Hitler used both forms of eugenics, but his persecution of the disabled focused on the latter.<sup>10</sup> While eugenic programs were not foreign to other countries (in fact they were quite popular in North America and other European nations), the Nazis practiced a more extreme form of racial science.<sup>11</sup>

Targeting the disabled under National Socialism was intended to cleanse the *Volk* (people) of “diseased” individuals that were perceived to be degrading the healthy body of the nation. In *Mein Kampf*, Hitler argued that “the right of personal freedom recedes before the duty to preserve the race...It is a half measure to let incurably sick people

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<sup>6</sup> Friedlander, *Origins of Nazi Genocide*, 4.

<sup>7</sup> American eugenicists Charles Davenport, quoted in Friedlander, *Origins of Nazi Genocide*, 4.

<sup>8</sup> Arendt, “Race Thinking Before Racism,” 65-67.

<sup>9</sup> Eric Ehrenreich, *The Nazi Ancestral Proof: Genealogy, Racial Science, and the Final Solution* (Bloomington, IN: Indiana University Press, 2007), p. 15.

<sup>10</sup> Michael Burleigh and Wolfgang Wippermann, *The Racial State* (Cambridge: Cambridge University Press, 1991), pp. 48-49.

<sup>11</sup> Carol Poore, “Who Belongs? Disability and the German Nation in Postwar Literature and Film,” *German Studies Review* 26, no. 1 (February 2003): 22; Michelle Mouton, *From Nurturing the Nation to Purifying the Volk: Weimar and Nazi Family Policy, 1918-1945* (Cambridge: Cambridge University Press 2007), p. 116.

steadily contaminate the remaining healthy ones.”<sup>12</sup> His first step to preventing further contamination was monitoring the birth of so-called undesirables. The *Law for the Prevention of Offspring with Hereditary Disease* was introduced on 14 July 1933 and came into effect on 1 January 1934. It outlined a program that permitted the compulsory sterilization of individuals suffering from diseases such as congenital mental deficiency, manic-depression, epilepsy, schizophrenia, Huntington’s chorea, blindness, deafness, and serious physical deformity.<sup>13</sup>

Hitler recognized that some members of German society might not perceive further measures beyond sterilization as acceptable. Therefore, due to the issue of public perception, Hitler intended to keep the persecution of the disabled populations hidden. He believed the chaos of war would afford cover for the party’s actions and provide the perfect chance to rid the nation of its undesirables, hidden from public scrutiny.<sup>14</sup> With war clearly on the horizon, Hitler put a decree in place on 18 August 1939 that made it mandatory for doctors, nurses, and midwives to report malformed children.<sup>15</sup> Children born with Down’s Syndrome, hydrocephaly, paralysis, microcephaly, congenital blindness or deafness, and other physical or mental illnesses were subject to this new decree.<sup>16</sup> If professionals found a child matching this description, state health officials

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<sup>12</sup> Adolf Hitler and Ralph Mannheim, *Mein Kampf*, 13<sup>th</sup> ed (Boston: Houghton Mifflin Company, 1995), p. 255.

<sup>13</sup> “Law for the Prevention of Offspring with Hereditary Diseases (July 14, 1933),” In US Chief Counsel for the Prosecution of Axis Criminality, *Nazi Conspiracy and Aggression*, Volume 5, Washington, DC: United States Government Printing Office, 1946, 3 Document 3067-PS, pp. 880-83, Translation by Nuremberg and GHI staff, Retrieved from: <http://germanhistorydocs.ghi-dc.org/pdf/eng/English30.pdf>. For more on the social effects of the focus on the hereditary burden see: Amir Teicher, “Father of the Bride, or the Biologization of Social Animosity in Nazi Germany, 1937–1941,” *German History*, accessed at <https://academic.oup.com/gh/advance-article-abstract/doi/10.1093/gerhis/ghz106/5679621?redirectedFrom=PDF>, forthcoming publication in 2020.

<sup>14</sup> Friedlander, *The Origins Of Nazi Genocide*, 39.

<sup>15</sup> Friedlander, *The Origins Of Nazi Genocide*, 45.

<sup>16</sup> Suzanne E Evans, *Forgotten Crimes: The Holocaust And People With Disabilities* (Chicago: Ivan R. Dee, 2004), p. 26.

had to be informed. The forms would then be analysed by party doctors who would decide whether or not each child should be institutionalized and ultimately euthanized.<sup>17</sup>

To hide the murder of potential inmates, the killing occurred in state-run facilities that officials advertised to the public as special wards for individuals with disabilities.<sup>18</sup> Once in the institutions, the children's actual treatment was far from the paradise that the Third Reich had advertised. Additionally, at the same time as the children's program, the Aktion T4 or T4 program was also happening primarily to adults. The most common methods of killing included gas chambers (most predominant during the T4 period of euthanasia), lethal overdose by injection, and starvation.<sup>19</sup> While the executors of euthanasia did not care how the patients experienced death, they did care how parents and the public interpreted the demise. As the child neared death or even their murder, officials first informed the family that their relative was ill. Soon after they would receive a death notice. Both documents would be sent too late for the relatives to be able to visit their ailing family member before they passed.<sup>20</sup>

Due to backlash from the public and the clergy, Hitler halted the official children's euthanasia program as well as the adult T4 program on 24 August 1941.<sup>21</sup>

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<sup>17</sup> Friedlander, *The Origins Of Nazi Genocide*, 45-46.

<sup>18</sup> Friedlander, *The Origins Of Nazi Genocide*, 47; Robert Jay Lifton, *The Nazi Doctors* (New York: Basic Books, 1986), p. 54.

<sup>19</sup> Michael Burleigh and Peter Wiperman, *The Racial State*, 150; Benedict, Shields, and O'Donnell, "Children's 'Euthanasia' In Nazi Germany," 514; Patricia Heberer, "'Exitus Heute in Hadamar': The Hadamar Facility and 'Euthanasia' in Nazi Germany" (PhD diss., University of Maryland, 2001), 101; Evans, *Forgotten Crimes*, 32. Using sedatives was advantageous because they were common supplies at institutions so they were not suspicious. Additionally, narcotics like Luminal could cause respiratory distress with repeated dosage, which conveniently often led to illnesses that made death appear natural.

<sup>20</sup> Michael Burleigh, *Death and Deliverance: "Euthanasia" in Germany c. 1900-1945* (New York, NY, USA: Cambridge University Press, 1994), p. 105.

<sup>21</sup> Burleigh and Wiperman, *The Racial State*, 149-53. Some individuals began to discover the program such as those who lived near a facility or relatives who witnessed impossible medical history mistakes for their loved one. Also, while the Protestant and Catholic churches within Germany generally went along with Nazism hoping to maintain loyalty to God and Hitler as well as concentrating on maintaining church independence, some of the most vocal opponents of Nazism and euthanasia were those with strong

However, the killings resumed almost immediately after Hitler's order. A new period of decentralized killing, known as wild euthanasia, then took hold in German facilities.<sup>22</sup> During this period, all of the decisions and actions were controlled by local medical professionals and authorities who wished to continue the work of German racial purity.<sup>23</sup> Wild euthanasia continued throughout the entirety of the war and even after the Nazis were deposed. American military officials reported that in the summer of 1945 patients at Kaufbeuren were still being murdered. As late as September, Allied troops found twenty children starving at Eglfing-Haar.<sup>24</sup> These findings demonstrate that even after the Nazis were deposed some individuals who worked under the Nazi regime still upheld the racial ideology that the Nazis had established and were willing to risk their livelihood to protect Germany from degenerates.

### **Historiography/ Literature Review**

The history of euthanasia is a complex topic. There are roughly three interconnected strands within the historiography that must be taken into account: disability history, eugenics, and the euthanasia killings themselves. To understand the historical legacy of exactly what happened, it is important to examine the historiography of all three individually and in tandem.

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religious convictions. The Bishop of Munster famously said in 1941, "If you establish and apply the principle that you can kill 'unproductive' fellow human beings then woe betide us when we become old or frail." He argued that being unproductive was not a sufficient reason to kill another human being. Beth A. Griech-Polelle, *Bishop von Galen: German Catholicism and National Socialism* (Yale University Press, 2002), p. 59; Bishof Clemes August Graf von Galen Sermon in Burleigh and Wipperman, *The Racial State*, 152.

<sup>22</sup> Friedlander, *The Origins Of Nazi Genocide*, 151-52.

<sup>23</sup> Friedlander, *The Origins Of Nazi Genocide*, 153.

<sup>24</sup> Evans, *Forgotten Crimes*, 143-44.

An examination of disability studies illuminates past discrimination against disabled populations and how that affected Nazi policy. It also explains how the persecution of the disabled has been remembered in the present. The discipline emerged along with the disability rights movement in the 1960s and 1970s.<sup>25</sup> As Adams, Reiss, and Serlin state, "disability studies explores the social, cultural, and political dimensions of the concept of disability and what it means to be disabled."<sup>26</sup> Safford and Safford add that it is essential to remember in the history of disability that the populations in each successive era of history believed that they understood the origins and nature of said flaws as well as how to treat the affected.<sup>27</sup> The exploration of disability as a field of study has typically fallen into two broad categories of analysis: the social model and the medical model.<sup>28</sup>

The study of the social model examines the concept of disability as a dichotomy of abled/disabled, normal/abnormal, et cetera and how that idea of separation both constructs and is constructed by changing societal norms. In *Disability in Twentieth-Century German Culture*, Carol Poore uses a cultural history approach to put disability back into the study of twentieth century Germany by arguing that disability was often the centre of political and social clashes, mainly when it came to assumptions about the body, what it meant to be human, and disruptions of the norm.<sup>29</sup> This becomes even more prominent during the Nazi era with the juxtaposition of the healthy versus unfit

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<sup>25</sup> Rachel Adams, Benjamin Reiss, and David Serlin, *Keywords for Disability Studies* (New York: New York University Press, 2015), p. 2.

<sup>26</sup> Adams, Reiss, and Serlin, *Keywords for Disability Studies*, 2.

<sup>27</sup> Philip L. Safford and Elizabeth J. Safford, *A History of Childhood and Disability* (New York: Teachers College Press, 1996), p. v.

<sup>28</sup> Rachel Adams, Benjamin Reiss, and David Serlin, "Introduction" in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss, and David Serlin (New York: New York University Press, 2015), p. 2.

<sup>29</sup> Carol Poore, *Disability in Twentieth-Century German Culture* (Ann Arbor: University of Michigan Press, 2007), pp. xv; xxi.

body. Kudlick argues that disability is more than just an “Other” in society but also an informative model into constructions such as sexuality, human difference, social values, citizenship, and the connection between the biological and the social in society.<sup>30</sup> Lucas G. Pinheiro, influenced by the works of Carole Pateman’s *The Sexual Contract* and Charles M. Mills’ *The Racial Contract*, examines this idea of the “Other” further when he illustrates the prejudice that has affected disabled individuals historically and in the present. He argues that disabled individuals are specifically marginalized or oppressed by the modalities, mechanism, and techniques of “ableism,” which can sometimes result in violent actions against them falling outside of the idea of justice.<sup>31</sup> This is particularly true in the case of euthanasia when the idea of the “Other” led to the killing of said individuals without consent.

The medical approach is not entirely removed from analysing the social aspects of disability but instead focuses on the examination of disability in terms of medicine. In “Disability History and the History of Emotions,” Turner analyses this approach as early as the eighteenth century where he discovers, by looking at emotions, that the seriousness of a patient or disabled individuals’ illness was scrutinized by medical institutions and the state to determine if it was possible for the “sorrowful” or “miserable” disabled populations to be happy or maintain productive lives.<sup>32</sup> Adams, Reiss, and Serlin conclude that the notion of shielding the “normal” from the “abnormal” developed as a medical and societal imperative of progress throughout the late nineteenth and early

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<sup>30</sup> Catherine J. Kudlick, “Disability History: Why We Need Another ‘Other,’” *The American Historical Review* 108, no. 3 (June 2003): 793.

<sup>31</sup> Lucas G. Pinheiro, “The Ableist Contract: Intellectual Disability and the Limits of Justice in Kant’s Political Thought,” in *Disability and Political Theory*, ed. Barbara Arneil and Nancy J. Hirschmann (Cambridge: Cambridge University Press, 2016), 45; 51.

<sup>32</sup> David M. Turner, “Disability History and the History of Emotions: Reflections on Eighteenth-Century Britain,” *Asclepio* 68, no. 2 (December 7, 2016): 7.

twentieth centuries.”<sup>33</sup> Stacy Clifford Simplican, in “Manufacturing Anxiety,” demonstrates that the process of making disability more than just a social issue, but rather a medical one as well, led to societal anxiety. She argues that this connection allowed medical professionals a greater legitimacy on disability where they could create notions of idiocy as connected to racial inferiority or degeneration.<sup>34</sup> The medical model seeks to understand and scrutinize disability by examining how medicine has perpetuated or aided instances of violence, such as institutionalization and euthanasia in Nazi Germany.

This project continues to explore the dichotomies associated with disability in society and the connection of disability to a medical model by bringing “other” victims and their families back into the mainstream conversation regarding the Holocaust and the Third Reich. As *The Routledge History of Disability* points out, the history of disability is filled with “regressive measures” such as misplaced ideologies, segregated institutions, and pseudo-science (example eugenics) that led to subjugation and stigma.<sup>35</sup> The authors make this point not only as a means of understanding past discrimination but also to help comprehend its legacies to the present. I intend for this research to build upon past frames of analysis but also to explore new dimensions through the connection of disability to eugenics, euthanasia, and the family.

In terms of euthanasia, the concept of disability is intimately intertwined with the study of eugenics since Hitler typically used eugenic ideology to promote his ideas both privately and publicly. While scholars have typically studied eugenics along the lines of

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<sup>33</sup> Rachel Adams, Benjamin Reiss, and David Serlin, “Disability” in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss, and David Serlin (New York: New York University Press, 2015), p. 6.

<sup>34</sup> Stacy Clifford Simplican, “Manufacturing Anxiety: The Medicalization of Mental Defect,” in *The Capacity Contract: Intellectual Disability and the Question of Citizenship* (Minneapolis: University of Michigan Press, 2015), p. 49.

<sup>35</sup> Roy Hanes, Ivan Brown, and Nancy E. Hanson, *The Routledge History of Disability* (New York, New York: Routledge, 2017), p. 501.

its two branches, positive and negative, my focus will remain on the historiography of the negative. This is because while positive eugenics played a role in overall Nazi society, it had little influence in the euthanasia programs. Contrasting the euthanasia and disability histories, eugenics as an object of historical analysis began during the war and has continued to present as historians and society sought to understand the horrors of the war. Hannah Arendt is an example of an early scholar that analyzed the emergence of eugenics. She examines “Race Thinking,” which was an ideology that gave way to ideas such as eugenics and racial hygiene by the twentieth century. While she does not look at the use of eugenics during the Second World War through this framework, Arendt demonstrates that race thinking led to ideas about the superiority of the Aryan race and the need to remove the weak from society as well as how they became the base for the Nazis discriminatory policies later.<sup>36</sup>

In the study of eugenics, an examination of power, who holds it, and how is it exercised has been central to understanding its history. Scholars, such as Erika Dyck, emphasize how historically eugenics utilized the power of the state over the individual. In “History of Eugenics Revisited,” she argues that the key tenet of eugenic programs was to exercise control and observation over any individual or group who did not meet the state’s plan. She further stresses that while eugenics was a transnational ideology at the end of the nineteenth and beginning of the twentieth centuries, nations regionally controlled the exercise of power.<sup>37</sup> In Germany’s case, while their ideas were very similar to many other countries around the globe, their actual practices and policies were some of

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<sup>36</sup> Arendt, “Race Thinking Before Racism,” 58; 66.

<sup>37</sup> Erika Dyck, “History of Eugenics Revisited,” *Canadian Bulletin of Medical History* 31, no. 1 (April 2014): 8.

the most extreme. Noack and Fangerau also contribute to this notion by demonstrating how professions began to give preference to the health of society over that of one person. They establish that scientists and psychiatrists saw a change in the definition of degeneration over time. It went from being associated with increasing ‘hereditary burden’ to being synonymous with brain disorders causing mental illness. Along with that change came the belief that society was a biological being, and so-called mental patients had no individual rights if they could threaten all of society.<sup>38</sup>

Scholars Rosemarie Garland Thompson, Lars Grue, and Horst Biesold establish that state eugenics went far beyond control and observation. Studies of eugenics also emphasized the idea of the “unfit.” Thompson argues that populations regarded as devalued became targets for eugenics and the cause of that target was justified by the “flaws, excess, deficiencies, or pathologies,” in other words disabilities, that society denounced at that time.<sup>39</sup> Thompson, along with Grue, concur that the purpose of targeting a specific population was to rid or remove specific characteristics from society that would be ‘harmful.’ Since those characteristics were inadvertently attached to people, the Nazis must remove them.<sup>40</sup> As Grue put it “in the ‘perfect garden’ there was no room for ‘disabled’ plants, and as a consequence, they had to be removed.”<sup>41</sup> Grue also points out that initially removal meant sterilization of the ‘unfit’ in society but then in certain cases, such as Nazi Germany, murder became justifiable using eugenic terms.<sup>42</sup>

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<sup>38</sup> Thorsten Noack and Heiner Fangerau, “Eugenics, Euthanasia, and Aftermath,” *International Journal of Mental Health* 36, no. 1 (April 2007): 113-14.

<sup>39</sup> Rosemarie Garland-Thompson, “Eugenics” in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss, and David Serlin (New York: New York University Press, 2015), p. 75.

<sup>40</sup> Garland-Thompson, “Eugenics,” 75; Lars Grue, “Eugenics and Euthanasia – Then and Now,” *Scandinavian Journal of Disability Research* 12, no. 1 (March 2010): 3.

<sup>41</sup> Grue, “Eugenics and Euthanasia,” 3.

<sup>42</sup> Grue, “Eugenics and Euthanasia,” 3.

Furthermore, Harold Braswell argues the idea of removal began to coincide with notions of life unworthy of life. He finds that as medical authorities gained more power after the late nineteenth century, euthanasia became a common solution to an incurable illness, pain, or disability both for patients that volunteered and those deemed “unworthy of living because of their incurable medical conditions.”<sup>43</sup> My research will continue to examine eugenics by attempting to answer how these ideologies later became policies that the Nazis presented to families and how families reacted to the repercussions of their implementation.

While disability and eugenics are central to this project as frames of reference, the history of euthanasia’s employment in Germany is essential if one seeks to understand what it meant to have a disability under National Socialism, and why such a gap remains in the history and remembrance of this group of victims. The euthanasia killings were a topic that remained mostly untouched after the Second World War. Academic research generally struggled to make sense of the euthanasia program with a few rare exceptions, such as Ludwig Schlaich’s 1947 work *Lebensunwert? Kirche und Innere Mission Württembergs im Kampf gegen die “Vernichtung lebensunwerten Lebens.”*<sup>44</sup> It was not until the late 1970s and 1980s that German-language historians of Nazism really began to explore the plight of the disabled through academic research. Some of these included Friedrich Karl Kaul’s, *Die Psychiatrie im Strudel der “Euthanasie”* and Kurt Nowak’s,

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<sup>43</sup> Harold Braswell, “Euthanasia” in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss, and David Serlin (New York: New York University Press, 2015), p. 79.

<sup>44</sup> Ludwig Schlaich, *Lebensunwert? Kirche und Innere Mission Württembergs im Kampf gegen die „Vernichtung lebensunwerten Lebens“* (Stuttgart 1947) accessed at <https://portal.dnb.de/bookviewer/view/1104141132#page/n0/mode/1up>; Heberer, *Exitus Heute in Hadamar*, 204-205.

“Euthanasie” und Sterilisierung im “Dritten Reich.”<sup>45</sup> However, the most influential during this formative time was Ernst Klee’s “Euthanasie” im NS-Staat in 1983. Klee’s work is distinctive from the others as he uses first-hand accounts of doctors, local residents, and victims from the postwar trials to argue that the state implemented euthanasia as a policy to rid the nation of social or financial undesirables.<sup>46</sup>

Following Klee’s study came two other historians with seminal works in the German literature. In 1987, Hans Walter Schmuhl wrote *Rassenhygiene, Nationalsozialismus, Euthanasie*, which helped make the connection between German eugenics pre-Nazism, the racial hygiene supported National Socialism, and ultimately, the implementation of a euthanasia program.<sup>47</sup> Götz Aly published *Aktion T4, 1939-1945: Die “Euthanasie” -Zentrale in der Tiergartenstrasse 4 and Aussonderung und Tod: Die klinische Hinrichtung der Unbrauchbaren*. Aly works to show the discriminatory nature of social and medical policies in how the Nazis specifically implemented them to exclude “unfit” members of society from the *Volk*.<sup>48</sup>

By the 1980s and into the early 1990s English language historians began to delve into the research of euthanasia as well. Initially, the focus of English works on the topic was to determine if there was a connection between euthanasia and the Holocaust. If such

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<sup>45</sup> Friedrich Karl Kaul, *Die Psychiatrie im Strudel der “Euthanasie ”: Ein Bericht über die erste industriemässig durchgeführte Mordaktion des Naziregimes* (Frankfurt/Main: Europäische Verlagsanstalt, 1979); Kurt Nowak, “Euthanasie” und Sterilisierung im “Dritten Reich”: *Die Konfrontation der evangelischen und katholischen Kirche mit dem Gesetz zur Verhütung erbkranken Nachwuchses und der “Euthanasie ”-Aktion*, 2nd ed. (Weimar: Hermann Bohlaus Nachfolger, 1980); Heberer, “Exitus Heute in Hadamar,” 5-6.

<sup>46</sup> Ernst Klee, *“Euthanasie” im NS-Staat: Die “Vernichtung lebensunwerten Lebens”* (Frankfurt/Main: Fischer Taschenbuch Verlag, 1983); Sheila Faith Weiss, “Euthanasie” im NS-Staat, *The American Historical Review* 90, no. 5 (1985): 1225-226.

<sup>47</sup> Hans-Walter Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie: von der Verhütung zur Vernichtung „lebensunwerten Lebens“: 1890-1945* (Göttingen: Vandenhoeck & Ruprecht, 1987).

<sup>48</sup> Götz Aly, *Aktion T4, 1939-1945: Die “Euthanasie” -Zentrale in der Tiergartenstrasse 4* (Berlin: Edition Hentrich, 1989); Götz Aly, et al., *Aussonderung und Tod: Die klinische Hinrichtung der Unbrauchbaren. Beiträge zur Nationalsozialistischen Gesundheits- und Sozialpolitik*, Vol. I (Berlin: Rotbuch Verlag, 1985).

a connection existed, scholars also sought to determine how one might have influenced the other and vice versa. Robert Jay Lifton and Henry Friedlander argue in *Nazi Doctors* and the *Origins of Nazi Genocide* that the Nazi racial ideology promoted euthanasia killings that were a prelude to the concentration camps of the Holocaust.<sup>49</sup> In *The Racial State*, Michael Burleigh and Wolfgang Wippermann saw this view as too singular. They maintain that the National Socialist's 'barbaric' ideology of race ultimately led to the deaths of millions of people who did not fit that mould, including the Jewish, the Sinti, and the disabled.<sup>50</sup>

In addition to the different approaches that scholars took regarding the emergence of the euthanasia programs, they also varied on which subjects would be the focus under study. Earlier works, as well as those outside the field of history, concentrated on the perpetrators of euthanasia: including organizers of the euthanasia program, health officials, and particularly the nurses and doctors that had direct contact with the victims. Medical scholars have also taken an interest in this type of perpetration. Lee Hudson examines the development of the program in what drove medical staff to become involved in mass murder. He makes the case that involvement "started from small beginnings." In other words, the gradual tolerance of Nazi policies in medicine regarding the "unworthiness" of life led physicians to accept killing, starting with children, then adults, and finally anyone the state deemed unsuitable.<sup>51</sup> David Deutsch seeks to rethink the idea of a connection between empathetic violence and perpetrators. He argues empathy was not just something utilized by perpetrators during postwar trials but rather

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<sup>49</sup> Lifton, *Nazi Doctors*, 21; Friedlander, *Origins of Nazi Genocide*, 302.

<sup>50</sup> Burleigh and Wippermann, *The Racial State*, xiii.

<sup>51</sup> Lee H Hudson, "From Small Beginnings: The Euthanasia of Children with Disabilities in Nazi Germany," *Journal of Paediatrics and Child Health* 47 (2011): 508; 510.

that it was an essential piece that facilitated the integration between genocide discourse and traditional ethnics within the medical field.<sup>52</sup> Both of these scholars seek to comprehend why physicians committed such atrocities. Michael S. Bryant takes a slightly different approach. Bryant seeks to determine why, despite good intentions, many euthanasia killers were not prosecuted (or at least not convicted) to the fullest extent of the law. He argues that American and West German authorities were more concerned with preserving and/or restoring what sovereignty Germany had left, and therefore, justice in the sense of accountability and conviction was often thwarted.<sup>53</sup>

In contrast, capturing the voice of the victim population remained the most vital aspect of euthanasia studies for other scholars. In 1994, Michael Burleigh wrote the first full-length English language study on the persecution of the disabled with the intent of adding something to the argument beyond the correlation of euthanasia as a stepping-stone to the Final Solution. Instead, he seeks to bring the victims back into the history, and he debates how the euthanasia killings politically linked eugenics, reform, and cost-cutting policies in both the Weimar and Nazi governments.<sup>54</sup> Horst Biesold studies how the eugenic idea of removing the “unfit” from German society progressed from sterilization to murder with his analysis specifically focusing on deaf victims. His focus is to study the persecution of a specific group of disabled individuals, the deaf, since they had their own unique history and connection to disability.<sup>55</sup>

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<sup>52</sup> David Deutsch, “Immer Mit Liebe: Empathic Violence in Nazi Euthanasia,” *Holocaust Studies* 22, no. 1 (January 2, 2016): 1.

<sup>53</sup> Michael S Bryant, *Confronting the “Good Death:” Nazi Euthanasia on Trial, 1945-1953* (Boulder: University Press of Colorado, 2005), p. 2.

<sup>54</sup> Burleigh, *Death and Deliverance*, 2-3; 5-6.

<sup>55</sup> Henry Friedlander, “Introduction,” in Horst Biesold, *Crying Hands: Eugenics and Deaf People in Nazi Germany*, Third (Washington, D.C.: Gallaudet University Press, 2015), p. 1.

The Disability Rights Advocate commissioned Suzanne Evans to write on euthanasia for the Disability Holocaust Project with the support of the United States Department of State.<sup>56</sup> This book aims to "shatter the silence" surrounding the treatment of disabled populations under National Socialism and to bring awareness to current disability rights and issues.<sup>57</sup> Similarly, Caroline Pearce examines how Nazi euthanasia victims fit into (or rather do not fit into) national narratives of remembrance since the war. She first discusses how a lack of official recognition as victims of the Holocaust and the familial erasure of euthanasia and disability from family history led to silence on the topic for a long time. She argues that the minuscule presence that euthanasia commemorations in the public commemoration sphere are due to some of these issues, but she also points out the recent work that the German government has to improve the remembrance of euthanasia and its victims.<sup>58</sup>

While historians have conceptualized the violence that policy makers and practitioners committed, scholarship has largely overlooked the role played by individual families as a historical group and source base. Until now, the focus of these historians was to answer what disability meant throughout history, how the government used eugenics to control, target, and rid the nation of undesirables, how euthanasia fit into the atrocities of the Second World War, and how/why those atrocities happened. This project instead contributes to the field by engaging with how families with disabled relatives accepted or resisted a mindset that allowed for prejudice, sterilization, and even murder.

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<sup>56</sup> The Disability Rights Advocate is a non-profit organization based in California and New York. Their goal "is to advance equal rights and opportunity for people with all types of disabilities nationwide." "About- DRA Overview," Disability Rights Advocates: A Non-Profit Corporation, accessed April 11, 2020, <https://dralegal.org/about/>.

<sup>57</sup> Evans, *Forgotten Crimes*, 5.

<sup>58</sup> Caroline Pearce, "Remembering the 'Unwanted' Victims: Initiatives to Memorialize the National Socialist Euthanasia Program in Germany," *Holocaust Studies* 25, no. 1–2 (2019): 120-121; 124; 126; 131.

Even Michael Burleigh notes the lack of literature relating to the topic of parental reactions. He states in *Death and Deliverance*, “Instead of concentrating on well-known instances of individual outrage at these killings, historians might ask how far silent collusion facilitated the vast majority of them.”<sup>59</sup> Burleigh’s questioning of how involved relatives were in the euthanasia process was the spark that led me to investigate this issue. I wanted to know: did parents agree with euthanasia ideology? Or was Burleigh incorrect in arguing that there were very few acts of resistance amongst family members? To what degree was indifference the emotion most parents associated their feelings with on the topic? In addition to these questions which focus mainly on the impacts of euthanasia itself, I also seek to answer how disability and eugenics played a role in parental decisions and reactions. For example, did parents feel burdened by having a child with a disability? Did parents buy into Nazi propaganda regarding the unfit in society? Did the fact that their child had a disability affect their feelings toward the child? My research contributes to the field by attempting to reconstruct and analyze the way families rationalized and understood their role in Nazi euthanasia.

### **My Project, Sources, and Methodology**

One key factor of the children’s euthanasia program that differed from the adult program was that unlike disabled adults, children with mental or physical deficiencies were not always institutionalized but remained with their parents and families.<sup>60</sup> This meant that parents and the decisions they made on behalf of their children were critical to

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<sup>59</sup> Burleigh, *Death and Deliverance*, 4.

<sup>60</sup> Heberer, „Exitus Heute in Hadamar,” 93. Prior to the Nazi period, children with disabilities were not typically institutionalized at birth as institutionalization was more common for adults. This meant that those implementing euthanasia had to discover ways to bring the children within reach of the program.

the outcome of the euthanasia program. Those choices are the basis of this study. The examination of parental choices and reactions to euthanasia is broken into three sections. In the first chapter, I examine parents who consented to euthanasia either directly during the program or to the idea of euthanasia in their postwar testimonials to determine if the parents did so because they prescribed to the Nazi ideologies on disability and eugenics. Additionally, a major aim of the chapter is to determine the mindset of the parents during the decision-making process: if they gave consent, was it malicious or compassionate? The second chapter studies the testimonials of parents who agreed to institutionalization but knew nothing of the real euthanasia agenda. The goal of this chapter is to explore the trust that parents had in elements of the Nazi state and medical profession when it came to the care and treatment of their disabled children. The final section looks at parents who emphasized opposition to euthanasia in their postwar testimonies. Using a single case of opposition during the program and subsequent testimonials based on memory, the objective here is to demonstrate the emphasis that parents placed on their emotional attachment to their disabled children and how that shaped their postwar recollections.

To answer the questions and objectives above, this project examines propaganda, correspondence between families and officials, documentation of facilities, and particularly testimonials given to German district and state court officials after the war. The aim is to examine how and why a family may (or may not) have subscribed to racial ideology, what reactions family members had to eugenic policies and institutions, and how they reacted to the death of a disabled family member or discovery of the killing programs. The Hessisches Hauptstaatsarchiv and the Staatsarchiv Nürnberg hold collections, such as the *Staatsanwaltschaft bei dem Oberlandesgericht Frankfurt a.M*

(Prosecutor's Office at the Higher Regional Court Frankfurt am Main) and the *Staatsanwaltschaft bei dem Landgericht Ansbach* (Prosecutor's Office at the Higher Regional Court Ansbach), which contain patient records, euthanasia files, and investigative records about the euthanasia crimes after the war. Additionally, the Hadamar Memorial Museum has patient files of the former victims of the Hadamar euthanasia facility. The files from this collection include letters between the patients, their relatives, and the facility. The most significant aspect of these collections is that they contain correspondence or recollections in investigations that help reconstruct the experiences, roles, and self-understandings of family members with disabled relatives.

The records of Abteilung (Department) 631a held at the Hessisches Hauptstaatsarchiv in Wiesbaden originated from the public prosecutor's office at the Higher Regional Court of Frankfurt am Main which was established on 23<sup>rd</sup> of May 1946 along with the Higher Regional Court for the Greater Hesse. The purpose of this office was to lead investigations into matters of state protection and prosecute in first instance criminal cases.<sup>61</sup> In particular, these files contain the preliminary investigations of the Amtsgericht (AG or District Court) Münsingen in the Court District of Frankfurt am Main. These cases pertained to children's euthanasia, euthanasia facilities, health authorities, and other aspects of the program. The majority of the files contain documents with a lifespan from 1946 to 1948.<sup>62</sup> Authorities gathered this information in relation to

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<sup>61</sup> "HHStAW Fonds 631A - Staatsanwaltschaft Bei Dem Oberlandesgericht Frankfurt A.M. (Ab 1945) Detail Page," Arcinsys.Hessen.De, 2019, <https://arcinsys.hessen.de/arcinsys/detailAction.action?detailid=b2996&icomefrom=search>.

<sup>62</sup> "HHStAW Fonds 631A Folder 360- Voruntersuchungen des AG Münsingen Band 53 Detail Page," Arcinsys.Hessen.De, 2019, <https://arcinsys.hessen.de/arcinsys/detailAction.action?detailid=v3920539>; "HHStAW Fonds 631A Folder 361- Voruntersuchungen des AG Münsingen Band 54 Detail Page," Arcinsys.Hessen.De, 2019, <https://arcinsys.hessen.de/arcinsys/detailAction.action?detailid=v3490354>; "HHStAW Fonds 631A Folder 362- Voruntersuchungen des AG Münsingen Band 55/2 Detail Page," Arcinsys.Hessen.De, 2019, <https://arcinsys.hessen.de/arcinsys/detailAction.action?detailid=v1022959>;

four criminal trials regarding Nazi euthanasia in the state of Hessen that were brought before the local district court in Frankfurt am Main between 1947 and 1949. A decade later, Attorney General Fritz Bauer resumed the investigations into euthanasia crimes. However, the original prosecution plans were not carried out and instead the court transferred the investigation files to the Hessisches Hauptstaatsarchiv at the end of the formal investigation.<sup>63</sup>

In the course of investigation, the District Court of Münsingen asked State Police detachments, City Police Headquarters, City Councils, Criminal Police, Public Prosecutor's Offices of various cities in the region, to examine any parents or persons of interest regarding the transfer of children from Württemberg to various euthanasia facilities such as Eichberg/Rheingau, Kaufbeuren, Ansbach and Elgfing-Haar.<sup>64</sup> The Upper State Commissioner of the District Court of Münsingen was looking for information on how the children's transfers happened, what authority, institution, or individual authorized them, and the condition of the children before any commitment. They were particularly interested in authorities such as the Württemberg Minister of the Interior, Health Office, District Welfare Office or Youth Welfare Office. Any relevant documentation that parents could provide was to be recorded, examined, or confiscated.<sup>65</sup>

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"HHStAW Fonds 631A Folder 365- Voruntersuchungen des AG Münsingen Band 58/II Detail Page," Arcinsys.Hessen.De, 2019, <https://arcinsys.hessen.de/arcinsys/detailAction.action?detailid=v1153655>; "HHStAW Fonds 631A Folder 366- Voruntersuchungen des AG Münsingen Band 58/III Detail Page," Arcinsys.Hessen.De, 2019, <https://arcinsys.hessen.de/arcinsys/detailAction.action?detailid=v5313629>.

<sup>63</sup> Dr. Johann Zilien, email message from Hessisches Hauptstaatsarchiv to author, 12 December 2019. It is unclear from this communication why the formal investigation ended.

<sup>64</sup> These cities included but were not limited to Waiblingen, Böblingen, Erolzheim, Ailingen, Meckenbeuren, Tettngang, Ravensburg, Friedrichshafen, Obersontheim, Rutesheim, Jany, Ludwigsburg, Bad Mergentheim, Bühlertann, Ravensburg, Blitzenreute, Weingarten, Reutlingen-Eningen, Frittlingen, Esslingen, Bergstreute, Sulz, Dornhau, Seeborn, Vöhringen, Bad Niedernau, Mössingen, Dusslingen, Nagold, and Wildberg.

<sup>65</sup> Request for Witnesses by Judge for the Württemberg/Münsingen District Court, 13 July 1948, Folder 368, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

The Abteilung Staatsanwaltschaft bei dem Landgericht Ansbach (Prosecutor's Office for the State Court Ansbach) held at the Staatsarchiv Nürnberg also has to do with the collection of information for preliminary investigations. The State Court of Ansbach gathered information on euthanasia victims as part of an initial investigation against Dr. Schuch, Dr. Mueller-Bruckmueller, Dr. Josef Hofman and nurse Hans Hofmann, who were all arrested and tried for aiding and abetting murder from 1942 to 1945 at the Heil und Pflgeanstalt Ansbach.<sup>66</sup> The court looked to collect these files throughout the mid-1960s, with a majority of the interrogations taking place in 1964. Again, the State Court of Ansbach utilized local police detachments to investigate parents and collect relevant documentation. These included the Dinkelsbühl City Police, County Court Examining Magistrate Ansbach, Criminal Police Department Eichstätt, Bavarian Border Police Bärnau, Criminal Investigation Department of Police Headquarters Nürnberg, Criminal Field office in Wesel, and various departments of the Bavarian State Police.<sup>67</sup> In 2018, the public prosecutor of Ansbach handed the case files over to the Staatsarchiv Nürnberg after the court suspended proceedings because they reached no legal verdict.<sup>68</sup>

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<sup>66</sup> Investigation Questions for the Preliminary Investigation against Dr. Schuch, Dr. Mueller-Bruckmueller, Dr. Josef Hofman and Hans Hofmann, 18 February 1964, Folder 235, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

<sup>67</sup> For an example of each department see: Interrogation of Gottfried Baumann, 22 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany; Interrogation of Eva Schneider, 2 June 1964, Folder 214, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany; Interrogation of Theresia Richter, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany; Interrogation of Katharina Kraus, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany; Interrogation of Ingeborg Höfler, 9 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany; Interrogation of Johanna Pastoors, 5 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany; Interrogation of Rosa and Hans Neubauer, 3 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

<sup>68</sup> Dr. Herbert Schott, email message from Staatsarchiv Nürnberg to author, 15 January 2020.

With the vast amount of materials in these collections, I had to come up with a source method. In Hessen, I chose to take photos of every letter or testimony that pertained to euthanasia and involved a parent. I quickly realized that there were too many sources to analyze and translate, so I decided to restrict my study to parental testimonies. From that point on, I only translated testimonies and ended up with approximately 112 testimonials. In Nürnberg, since I had to pay for scans of each individual page, I had to be more selective. I decided to request scans of any testimony that was over one page first as I rationalized that there would be more material to analyze than a shorter document. Due to this, and the fact that the Ansbach Abteilung was much smaller than Hessen's, I ended up with twenty-five translations of parental testimonies. Additionally, I looked for other files of interest beyond parental testimonies: this included any documents regarding euthanasia that were in English and a copy of the questions that police investigators asked at the court's behest. I also have sources from the former euthanasia facility Hadamar. However, the letters I found were largely in handwriting that was illegible or of adult patients that had been institutionalized in the facility before the Nazi period and therefore, I chose not to consult these for the basis of this study.<sup>69</sup>

It is difficult to know and fully comprehend the exact feelings that parents experienced during the Nazi period as the vast majority of my source base are recollections of events during the postwar trials. Therefore, one may never completely understand the state of emotions under Nazism but rather how parents remembered their emotions in the postwar period. Some historians, like Kock, dismiss such recollections as they blend or smudge reality and facts based on memories and therefore, “only tell[s]

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<sup>69</sup> For more information on Hadamar and its source base see: Heberer. “Exitus Heute in Hadamar”; Hadamar Patient Files, Hadamar Memorial Museum, Hadamar, Germany.

what one person remembers.”<sup>70</sup> However, as Michelle Mouton argues, such an omission weakens the analysis of how a historical event is remembered and told. She also argues that interviews are based on trust and the more trust is established between an interviewer and interviewee, the less likely an individual will whitewash an event.<sup>71</sup> This is particularly relevant for this study as parents who gave testimonies to the State Court Ansbach and the District Court of Frankfurt am Main gave varying degrees of information. From reading all of the testimonies, it seems plausible that parents whose actions could be deemed wrongful, such as those who gave consent to euthanasia, were less comfortable providing state prosecutors with possibly damning information. In comparison, parents who had not known about the program or opposed its implementation seemed to have a greater trust in state authorities and therefore, were more open.

In examining these sources on euthanasia, cultural history provides a historical lens of analysis for the role of the family in the Nazi state. While the exact definition of cultural history can be challenging to pin down as scholars use it in many different contexts, cultural studies typically relate to the discussion of "high" and "low" culture, in which the scholar commits to discussing the popular culture usually associated with low culture in meaningful ways.<sup>72</sup> Moreover, cultural history distinguishes itself from other disciplines such as intellectual history due to its focus on feelings, expectations, or mentalities rather than thought or concepts.<sup>73</sup> Cultural history is an umbrella for various

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<sup>70</sup> Quoted in Michelle Mouton, “The Kinderlandverschickung: Childhood Memories of War Re-Examined,” *German History* 37, no. 2 (April 22, 2019):188.

<sup>71</sup> Mouton, “The Kinderlandverschickung,” 188.

<sup>72</sup> Geoffrey Eley, “What Is Cultural History?” *New German Critique*, no. 65 (1995): 25.

<sup>73</sup> Peter Burke, *What is Cultural History?* (Cambridge, UK; Polity Press, 2004), pp. 49-50.

methodologies, of which the history of emotions and discourse analysis are most relevant for exploring the various parental reactions to euthanasia.

The history of emotions will support an evaluation of relatives as the primary mode of analysis. I will use the study of emotions to determine how those cultural norms affected how families felt about and reacted to Nazi policies regarding the disabled, as well as how those emotions might have changed over time.<sup>74</sup> A smaller part of the thesis will also look at what emotions- or lack thereof- officials or medical professionals had regarding the concerned families or their own actions. In the context of consent in particular, emotions are sometimes regarded as oppositional to the historical discipline due to their tangential nature.<sup>75</sup> However, Reddy and Rosenwein argue that emotional expressions and what is said about emotions creates a dynamic relationship between self and community. Under National Socialism, the Nazis attempted to break down the importance of the “self” or the individual in society in order to promote the idea of a “community” or *Volk* as central to the Nazi state. This is demonstrated in the lead up to the euthanasia program as the Nazis encouraged families and populations to put the health of the nation first. Additionally, I would categorize the National Socialist government as what Reddy calls an emotional regime, in which the state sets normative rules for emotions and expressions of emotion while deviants of said norms are punished.<sup>76</sup> Paver maintains that one must consider the historicization of emotions felt at a specific historical moment, such as Nazism evoking fear, and a historicization of

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<sup>74</sup> William M. Reddy, *The Navigation of Feeling: A Framework for the History of Emotions* (New York; Cambridge, U.K; Cambridge University Press, 2001); Barbara H. Rosenwein, “Worrying about Emotions in History,” *The American Historical Review* 107, no. 3 (June 2002); “History Of Emotions,” Max Planck Institut Für Bildungsforschung / Max Planck Institute For Human Development, accessed 22 October 2019, <https://www.mpib-berlin.mpg.de/en/research/history-of-emotions>.

<sup>75</sup> Rosenwein, “Worrying about Emotions,” 821.

<sup>76</sup> Reddy, *The Navigation of Feeling*, 125; 129.

emotions felt after that moment as part of memory and legacy.<sup>77</sup> This is crucial in how the testimonies of parents of victims need to be analyzed.

Rosenwein further establishes the role of emotions in history when she states, “Emotion depend on language, cultural practices, expectations, and moral beliefs.”<sup>78</sup> Emotives allow historians to analyze how emotions are managed and shaped by individuals as they seek to express their feelings. In contrast, emotional communities allow for the community, family, neighbourhood, or parliament definition of what is emotionally acceptable.<sup>79</sup> Reddy and Plamper outline a few key terms that are crucial in the analysis of parental emotion under Nazism. The first is emotional suffering, which is when vital goals are in conflict with one another and all other options seemingly “counter one or more high-priority goals.” It often accompanies shifts in life goals.<sup>80</sup> Another is emotional navigation, which involves managing movement between various emotional objectives which may conflict.<sup>81</sup> The third is emotional liberty, which is defined as “The freedom to change goals in response to bewildering, ambivalent thought activations that exceed the capacity of attention and challenge the reign of high-level goals currently guiding emotional management.” This freedom does not involve rational choices but rather derailing practices involving contrasting factors.<sup>82</sup> All of these concepts will be used to help contextualize the action and emotions of parents with disabled children throughout the Nazi period and their testimonies during the postwar trials.

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<sup>77</sup> Chloe Paver, “Exhibiting Negative Feelings: Writing a History of Emotions in German History Museums,” *Museum and Society* 14, no. 3 (June 9, 2017): 399.

<sup>78</sup> Rosenwein, “Worrying about Emotions,” 837.

<sup>79</sup> Reddy, *The Navigation of Feeling*, 128; Rosenwein, “Worrying about Emotions,” 842-43.

<sup>80</sup> Reddy, *The Navigation of Feeling*, 123-24.

<sup>81</sup> Reddy, *The Navigation of Feeling*, 129; Jan Plamper and Keith Tribe, *History of Emotions: An Introduction*, (New York: Oxford University Press, 2015), p. 258.

<sup>82</sup> Reddy, *The Navigation of Feeling*, 129.

Additionally, the history of emotions is a useful frame of analysis when used in tandem with other academic frameworks. Turner argues that historical analysis in disability studies is significant due to the feelings “associated with- or fixed upon- disability.” Furthermore, he believes there is a fundamental connection between disability studies and the history of emotions as both are attempting to reconcile and answer questions about difference, health, and well-being.<sup>83</sup> Knittel maintains that memory can affect emotions and attitudes as society changes or relives its views of the past. In this way, the testimonies of parents become sites of memory as court cases force parents to re-evaluate “their understanding of who they are and where they came from.”<sup>84</sup> Therefore, it is crucial to analyze the familial emotions regarding disability during the Third Reich as both self-expression and community would have affected decisions about family members. I seek to answer questions such as: What was the emotional reaction of the family, for example, guilt, relief, indifference? How did families react, either during the war or after, once they discovered the Nazis’ full plans? Did the emotions that families expressed remain consistent or did they change over time?

As an aid to the history of emotions framework, I will also be using discourse analysis to a smaller degree. It allows me to search for the meaning behind the establishment of cultural norms in Nazi society and the decisions that relatives had to make about their disabled family members. According to Joan Scott, “discourse is not a language or a text but a historically, socially, and institutionally specific structure of statements, terms, categories, and beliefs.”<sup>85</sup> Discourse analysis is significant to this study

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<sup>83</sup> Turner, “Disability History and the History of Emotions,” 2-3.

<sup>84</sup> Knittel, *The Historical Uncanny*, 3; 9-10.

<sup>85</sup> Joan W. Scott, “Deconstructing Equality-versus-Difference: Or, the Uses of Poststructuralist Theory for Feminism,” *Feminist Studies* 14, no. 1 (1988): 35.

because as Gee points out, connections between discourses connect to bigger and bigger storylines, which helps academics make sense of the “thinking and social practices of sociocultural groups.”<sup>86</sup> Using this methodology, I will analyze the language used in official or family correspondence and testimonies to make connections to broader societal issues such as the war, euthanasia itself, and the postwar atmosphere. I can also utilize discourse analysis to examine the meaning behind why parents and guardians chose to create testimonies for court after the war, and what that says about the remembrance of euthanasia and their relatives. For example, what led families to allow Nazi intervention into family life? What was the family’s understanding of what went on in euthanasia facilities? How was disability discussed? What language was used when referring to disability?

Using cultural history and the approaches of the history of emotions and discourse analysis, the focus of this work will be to analyze the actions of euthanasia victims’ parents through what they say and feel about euthanasia under Nazism and the postwar period.

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<sup>86</sup> James Paul Gee, *An Introduction to Discourse Analysis: Theory and Method*, 2nd ed, (New York: Routledge, 2004), p. 96.

## **Chapter One- Parental Consent as an Empathetic Choice in an Emotional Regime**

“I gave Dr. Gutekunst at this time verbally my *consent*. I left the institution at the time, in the assumption, that my child would be released from his suffering, and in the manner described by Dr. Gutekunst.”<sup>87</sup> Under the National Socialist euthanasia program, some parents gave consent regarding the fate of their children in the Nazi state. But what does it mean to give consent?<sup>88</sup> Robert Gellately maintains that even though euthanasia was technically a secret program that it inadvertently provided the public and those involved in this ‘crime of opportunity’ a chance to “give their tacit consent.”<sup>89</sup> Based on the testimonials gathered in 1948 and 1964 at the request of the District Courts of Frankfurt am Main and Ansbach that are surveyed here, parents that consented to the idea of euthanasia typically recall doing so either during the institutionalization process or after the death of their child by continuing to support the ideology. In either case, parents in their postwar testimonies state that it was because of their belief in the eugenic notion of release, which the Nazis had advertised through the juxtaposition of the healthy family versus the hereditary burden. Significant to this discussion is the emotional state that led parents to grant consent. The Nazi emotional regime prescribed ways of feeling that are

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<sup>87</sup> Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>88</sup> According to *The Pocket Oxford Dictionary Of Current English* Ed. 4th published in 1942, consent as a verb means to be in agreement with a proposal or request or to acquiesce regarding something while consent as a noun to show agreement in action or to use words that express such. The *Pocket Dictionary* also defines the word “consentient” as an adjective that means “agreeing in opinion or intention.” Found in: F.G. Fowler and H.W. Fowler, “Consent and Consentient,” in *The Pocket Oxford Dictionary Of Current English* (Oxford: Oxford University Press, May 1942), p. 165, accessed at <https://archive.org/details/in.ernet.dli.2015.463762/page/n167>.

<sup>89</sup> Robert Gellately, *Backing Hitler: Consent and Coercion in Nazi Germany*, (Oxford: Oxford University Press, 2001), pp. 105-106.

particularly noteworthy in how parents with disabled children were allowed to express their emotions as well as how that might have affected any decisions that they made.<sup>90</sup>

This chapter seeks to establish how parents of disabled children felt about their interactions with or utilization of euthanasia through the concept of consent and how they reconstructed it in the postwar period. As Carol Poore states, the surviving documentation suggests that familial complaints were common, but there is little evidence remaining for parents and family members who could have supported euthanasia.<sup>91</sup> Before examining what led parents to give consent or how consent functioned amongst families of the Nazi state, one must first outline the mitigating factors that led parents to their beliefs and choices because as the Max Planck Institut für Bildungsforschung establishes, emotions today and in the past have been utilized and employed politically in public and private spheres.<sup>92</sup> First, the chapter discusses how the ideas of euthanasia shifted in usage to its connection with eugenics to heated debates of the 1920s and finally to becoming entrenched in Nazi policy, all while determining the place of consent in these discussions. Second, a dialogue of the expectations placed on the family under National Socialism must be established, particularly regarding the propaganda that the state aimed at families, and the intertwinement of kin and disability in the degeneration debate. Third, is an analysis of how perpetrators, relatives of victims, and the general public discussed consent and euthanasia in the post-Nazi period surrounding the dates of these court investigations. After establishing the historical pressures that families faced regarding euthanasia and how society viewed disability, the

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<sup>90</sup> Reddy, *The Navigation of Feeling*, 125; 129.

<sup>91</sup> Poore, *Disability in Twentieth-Century German Culture*, 121-22.

<sup>92</sup> "History Of Emotions," Max Planck Institut Für Bildungsforschung / Max Planck Institute For Human Development.

final section examines two ways that families with disabled children recall consenting to euthanasia or the idea of it.

The aim of studying and analyzing parental consent is to reconstruct the thought process parents used to legitimize a policy that would bring about the death of their children, including how they justified it to themselves. Specifically, looking back on their actions, how did they justify allowing or supporting euthanasia and how did they use feelings, such as relief or guilt, to rationalize their own actions. Despite the governmental and societal pressure that parents with disabled children faced, the parents who chose to directly or indirectly consent to euthanasia recollect having done so without any malice in mind. Instead, their postwar testimonies portray their decisions during the war as ones of compassion due to their belief that disability led to a useless or pain-filled life, where death was the superior alternative life. In doing so, parents carved space for their emotional release while still conforming to the prescribed emotional regime, which extended to the postwar as parents attempted to justify their actions and assuage guilt.

The National Socialist government was encouraged to take actions beyond the containment of current burdens and the prevention of future generations of the unfit. The idea of euthanasia was particularly appealing to their agenda. Before the nineteenth century, euthanasia in Western societies was a death predestined by God and was beyond human jurisdiction.<sup>93</sup> The term, until this time, had preserved its original context of a “‘fine’ or ‘gentle’ death based on Suetonius’ account of Augustus’ death.”<sup>94</sup> During this era of thinking, euthanasia was portrayed as a divine act that could not be brought about by human actions. Nevertheless, as Garland-Thomson argues, the views of disability and

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<sup>93</sup> Braswell, “Euthanasia,” 79.

<sup>94</sup> Burleigh, *Death and Deliverance*, 11.

who counts as disabled change with time and culture, which effects the initiatives, whether social or governmental, that are intended to deal with those individuals, like euthanasia.<sup>95</sup> Throughout the nineteenth century, since it was believed that only God was capable of euthanasia, disabled individuals were increasingly institutionalized as the social imperative transitioned from "sheltering the deviant from society" to "protection of society from the deviant."<sup>96</sup> This idea of protection began to work its way into westernized societies and created a further dichotomy between the healthy and the "other." As time progressed, protection again transformed into other methods of elimination rather than just containment.

By the late nineteenth century, the advances made in the medical fields led to a redefinition of euthanasia. The term then encompassed a meaning of medically prompted death, called for due to a variety of reasons including terminal sickness, pain, and/or disability.<sup>97</sup> In Germany in particular, Austrian student Adolf Jost began to call for voluntary euthanasia, already in the 1890s. He believed that individuals who were a burden to their communities or relatives due to incurable diseases, deformities, or mental states should have the "right to die." The notion was that any patient that was incurably or terminally ill should be allowed an assisted death.<sup>98</sup> This shift in thinking about how to "interact" and "deal" with disabled individuals was happening across Western nations during this time, but by the 1920s the idea of euthanasia was becoming firmly entrenched in German academy and medicine.

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<sup>95</sup> Garland-Thompson, "Eugenics," 75.

<sup>96</sup> Safford and Safford, *A History of Childhood and Disability*, 153.

<sup>97</sup> Braswell, "Euthanasia," 79.

<sup>98</sup> Burleigh, *Death and Deliverance*, 12-13.

In 1920, professors of psychiatry and law, Alfred Hoche and Karl Binding published *Permission for the Destruction of Lives Unworthy of Life*. This work intended to demonstrate to the German population the strain that mental patients were on national resources, how these patients would never fully appreciate life, and therefore, why they should be eliminated “humanely” as a group.<sup>99</sup> While Hoche strongly considered euthanasia as legally and morally just, it was Binding who called for voluntary euthanasia or assisted death for terminally ill patients. However, he used this argument as a catalyst to promote that euthanasia extends to any life “unworthy of life.” His argument regarding the latter was due to his belief that disabled individuals were suffering “without purpose in life” and were a burden to their families and society.<sup>100</sup> Binding’s voluntary euthanasia strategy identified three groups that he sought to include in his measures:

(1) terminally ill patients (including the mortally wounded) who expressed their wish for a premature death; (2) “incurable idiots,” no matter whether their idiocy was congenital or acquired; and (3) people who had suffered grievous physical war injuries that rendered them unconscious but who would desire a foreshortening of their lives if they were able to express their wishes.<sup>101</sup>

Binding believed that consensual euthanasia of such individuals was an act of healing.<sup>102</sup>

Key to Hoche and Binding’s argument, however, was the need for consent. While Binding argued for the removal of “useless life,” he upheld that euthanasia must be voluntary and consensual. In his proposal, patients, doctors, or relatives could request euthanasia, but the state had final approval over granting or denying the request.<sup>103</sup>

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<sup>99</sup> Griech-Poelle, *Bishop von Galen*, 64.

<sup>100</sup> Hanes, Brown, and Hanson, *The Routledge History of Disability* (New York, New York: Routledge, 2017), p. 425; Grue, “Eugenics and Euthanasia,” 5.

<sup>101</sup> Bryant, *Confronting the “Good Death,”* 21.

<sup>102</sup> Bryant, *Confronting the “Good Death,”* 21.

<sup>103</sup> Bryant, *Confronting the “Good Death,”* 21; 23. For more on Alfred Hoche and Karl Binding see: Howard Brody and M. Wayne Cooper, “Binding and Hoche’s ‘Life Unworthy of Life’: A Historical and Ethical Analysis,” *Perspectives in Biology and Medicine* 57, no. 4 (2014): 500–511.

As the decade progressed and proceeded into the 1930s, arguments for euthanasia became even more entrenched within Germany. In particular, many German physicians felt that American eugenics, such as the laws regarding sterilization, was driving the United States ahead of Germany in terms of progress dealing with the mentally ill and criminally insane. These physicians sought not only for German racial hygiene to come with reach or remain on par with American policies, but rather to surpass them entirely.<sup>104</sup> What they desired and needed were laws legitimizing racial hygiene policies such as sterilization and euthanasia.<sup>105</sup>

Additionally, the Nazi government utilized a survey completed in 1925 by Ewald Meltzer, director of the Katharinenhof psychiatric hospital in Saxony, regarding parental opinion concerning euthanasia.<sup>106</sup> Meltzer had been disturbed by the arguments made by Hoche and Binding and sought to determine if parents of disabled children would consent to euthanasia. For if euthanasia truly was meant to be consensual, it could only take place with the consent of either patient or relative. He polled 200 people and 162 responded. Of these individuals, 119 answered yes to believing in euthanasia while only 43 replied no. Furthermore, parents who said yes to euthanasia also responded that they would wish for the euthanasia to be performed without their knowledge or even by being deliberately lied to about the practice.<sup>107</sup> This would become key during the Nazi era. Despite the outcome of this poll, Meltzer intended his work to be a critique of Binding and Hoche's "life unworthy of life" thesis. He argued that euthanasia would be a 'slippery slope'

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<sup>104</sup> Griech-Polelle, *Bishop von Galen*, 65-66; Bryant, *Confronting the "Good Death,"* 24.

<sup>105</sup> Griech-Polelle, *Bishop von Galen*, 65-66.

<sup>106</sup> Ewald Meltzer, „Das Problem der Abkürzung ‚lebensunwerten‘ Lebens,” Halle/Saale: Carl Marhold Verlagsbuchhandlung, 1925; Burleigh, *Death and Deliverance*, 98.

<sup>107</sup> Burleigh, *Death and Deliverance*, 23.

within Germany that would place the power over life into individual hands and that would lead to tyranny over Germany's citizens. He also maintained that those targeted under the Binding and Hoche program were capable of having fulfilling lives.<sup>108</sup>

Notwithstanding the point of Meltzer's argument, the National Socialist government later saw his study as proof that some members of society could accept euthanasia due to the parental poll.<sup>109</sup> In particular, Hitler's administration saw these results as a sign that they could achieve their euthanasia plans without too much resistance from families.<sup>110</sup> By the time the Nazis came to power, Hitler and his physician Theo Morell interpreted these results as proof that the discussions around consent for euthanasia had shifted. They believed that most parents would either consent to its action or secretly not oppose it. Furthermore, Karl Brandt stated in his examination at the postwar Nuremberg Trials that by not asking parents to consent, the Nazi regime was relieving parents of the possibility of being incriminated or feeling responsible or guilty for the death of the child in the long run.<sup>111</sup> Therefore, the government did not necessarily need to obtain consent. As fellow fascist leader Mussolini pointed out "There has never been a government founded solely on the consent of the governed, who approved its every use of force. Consent is as transient as sand castles on a beach. It cannot always be present, it can never be complete."<sup>112</sup> Therefore, fascist leaders, such as Hitler and Mussolini, did not see consent as an absolute necessity to enact their goals. Although

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<sup>108</sup> Bryant, *Confronting the "Good Death,"* 23-24.

<sup>109</sup> Bryant, *Confronting the "Good Death,"* 23-24.

<sup>110</sup> Robert Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, Mass: Harvard University Press, 1988), p.194

<sup>111</sup> Extracts from Testimony of Karl Brandt, Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law October 1946-April 1949 No. 10, Vol 1, pp. 892; 894, accessed at <https://babel.hathitrust.org/cgi/pt?id=osu.32435024013666&view=1up&seq=928>.

<sup>112</sup> Eugen Hadamovsky, *Propaganda und nationale Macht: Die Organisation der öffentlichen Meinung für die nationale Politik* (Oldenburg: Gerhard Stalling, 1933).

when given, it was appreciated because consent reinforced both the Nazi vision and program. Nevertheless, Hitler argued that lack of consent would not cause issues as the Nazi state would crush any legal proceedings on the topic.<sup>113</sup> Consequently, physicians had impunity to perform euthanasia without consent.

But what did it mean to be a parent in the Nazi state? Where did the family fit in with these National Socialist policies such as population and euthanasia? To answer these questions, one can look at what the National Socialists disseminated to German families and how family life became the centre for state policies and public culture on disabilities. Propaganda was a vital tool the Nazis used to spread pervasive messages throughout the Reich. It was also part of the strategy of the emotional regime intended to tell its citizens what to think and what was acceptable to feel. These messages permeated every aspect of Nazi society but the government especially aimed them at the family.<sup>114</sup> In particular, the message often portrayed was that of the ‘crisis of family’ and the decline of Germany’s birth rate.<sup>115</sup> The Nazis blamed the Weimar Republic for this so-called crisis and utilized eugenic measures to legitimize not only population policies but also racial policy.

The Nazis intended for both the institutionalization of disabled individuals and eugenic measures to remove those who were unfit from public spaces and within the nuclear family itself.<sup>116</sup> Solving the ‘crisis of the family’ was about how many babies were being born into Nazi Germany but also the ‘quality’ or ‘fitness’ of those children. In other words, the Nazis only wanted children who could grow into healthy and productive

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<sup>113</sup> Extracts from Testimony of Karl Brandt, Trials of War Criminals, 894.

<sup>114</sup> Faye Ginsburg and Rayna Rapp, “Family,” in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss, and David Serlin (New York: New York University Press, 2015), p. 82.

<sup>115</sup> Lisa Pine, *Nazi Family Policy, 1933-1945* (Oxford: New York: Berg, 1997), p. 7.

<sup>116</sup> Ginsburg and Rapp, “Family,” 82.

citizens for the Reich.<sup>117</sup> Furthermore, because the job of producing children fell within the social and family sphere rather than the state sphere, the Nazi party and officials sought to indoctrinate families with their ideologies through propaganda and policy. They needed families to feel the same way that the state did regarding the unfit. Additionally, because the state believed that parents hereditarily passed on disability, the family became the central battleground in the eugenic debates. To enact their policies, Nazi officials had to combat previous notions about feelings of familial attachment.

The results suggested by the Meltzer survey and the notion of families contributing to the battle for a fit Germany led to what became known as the Knauer case. A German father by the last name of Knauer (no first name is known) is said to have ignited the implementation of children's euthanasia in Nazi Germany when he petitioned the Chancellery of the Führer in Berlin for permission to have his son euthanized. Knauer told the Chancellery that his child was blind and was born without part of his arm and leg.<sup>118</sup> This is precisely the opportunity that Hitler's government needed to transition from eugenic population policies to extermination. Therefore, Hitler had his personal physician, Dr. Karl Brandt examine the child in Leipzig, where it was being treated, to determine whether the child's condition was as described. Brandt determined "there was no justification for keeping such a child alive."<sup>119</sup> Upon hearing Brandt's assessment, Hitler gave his permission to euthanize the Knauer child.<sup>120</sup> It was

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<sup>117</sup> Pine, *Nazi Family Policy*, 7; 10-11.

<sup>118</sup> Benedict, Shields, and O'Donnell, "Children's "Euthanasia" In Nazi Germany," 507.

<sup>119</sup> Benedict, Shields, and O'Donnell, "Children's "Euthanasia" In Nazi Germany," 507-08.

<sup>120</sup> Signed Letter by Hitler Authorizing Euthanasia Killings, backdated to September 1, 1939, In United States Chief Counsel for the Prosecution of Axis Criminality, Nazi Conspiracy and Aggression, Volume 3, Washington, DC: United States Government Printing Office, 1946, Document 630-PS, 451, English translation attributed to Nuremberg staff, found at [http://germanhistorydocs.ghi-dc.org/sub\\_document.cfm?document\\_id=1528](http://germanhistorydocs.ghi-dc.org/sub_document.cfm?document_id=1528).

after the killing of the Knauer baby, the first known Nazi euthanasia victim, that Hitler directed Brandt and Philipp Bouhler to create a program that would kill children with mental and physical disabilities.<sup>121</sup> The case of the Knauer child gave Hitler the opening he needed to commence his plan. The Knauer father's insistence on having his child euthanized suggested to Hitler that people were beginning to buy into the binary he had created between the healthy and the unfit and that familial attachment might not be the stumbling block he had expected from relatives. In fact, it suggested that death would be an acceptable solution.

To ensure that their policies were infiltrating the social and private spheres, the Nazis used several practices. The interviews conducted by local police for the District Courts of Ansbach and Frankfurt am Main indicated that many mothers and fathers received advice from state organizations aimed at families. Mothers could contact these establishments for aid and advice among other things.<sup>122</sup> Lisa Pine lists one such organization as the *Hilfswerk Mutter und Kind*. While the outward functions of this group includes the practices listed above, the governing aim of the agency was "population policy, health promotion and educational measures."<sup>123</sup> Although the organization provided beneficial aid to families, they were a state measure to ensure that families were fitting into the ideal German vision. Furthermore, they were policing the families that were not considered valuable to the state due to reasons such as hereditary illness and

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<sup>121</sup> Henry Friedlander, *The Origins Of Nazi Genocide*, 39-40.

<sup>122</sup> For a few examples see: Interrogation of Albert Knisel, 16 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1; Interrogation of Elly Wörhle, 16 June 1948, Folder 368 Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1; Interrogation of Rudolph Amann, 18 June 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Interrogation of Maria Rösler, 9 June 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>123</sup> Pine, *Nazi Family Policy*, 23

disability. These institutions could move between both fit and unfit families almost unnoticed because of the normalcy of the practices they offered. All the while, these organizations collected information that they could use against those deemed ‘unfit’.<sup>124</sup>

Propaganda also targeted families with visual messages that Hitler and the Nazis sought to use as promotions for eugenic policies. Malin maintains that mass media create new emotional understandings amongst populations as the media could foster elements such as nationalism and specific types

of sentiment.<sup>125</sup> In the Nazi case, they would outline moral and ethical issues for the public and then portray eugenic policies such as sterilization or euthanasia as the solution. The

Nazis intended the message to elicit a specified, and state-sanctioned, emotional response often one that the general population should feel guilty



**Figure 1- Sterilization: Not Punishment But Rather Liberation.**

J.F. Lehmanns Verlag, “Posters From Nazi Racial Exhibitions,” *Volk and Rasse*, 1936, accessed at German Propaganda Archive, <http://research.calvin.edu/german-propaganda-archive/volkundrasse1936-8.htm>.

as the lives of the disabled were miserable and unhappy.<sup>126</sup> This propaganda poster is particularly salient in spreading that message. The monthly magazine entitled *Volk und Rasse* published **Figure 1** in 1936. It depicts three children, all with varying forms of mental or physical disabilities. The title “Sterilisation: Nicht Strafe-Sondern Befreiung”

<sup>124</sup> Pine, *Nazi Family Policy*, 23; 31.

<sup>125</sup> Brenton J. Malin, “Media, Messages, and Emotions” in *Doing Emotions History*, ed. Susan J. Matt and Peter N. Stearns (Urbana: University of Illinois Press, 2014), 188.

<sup>126</sup> Fritz Bennecke (ed.), *Vom deutschen Volk und seinem Lebensraum. Handbuch für die Schulung in der HJ* (Munich: Franz Eher, 1937). Paul Gierlichs is listed as *Bearbeiter*. Accessed 25 March 2019, <https://research.calvin.edu/german-propaganda-archive/hjhandbuch.htm>; Wagner, “Rasse und Bevölkerungspolitik.”

translates to “Sterilization: Not Punishment but rather Liberation.”<sup>127</sup> The title suggests that the newspaper is supporting Hitler’s campaign to sterilize all of the so-called unfit members of society so that they do not have the opportunity to pass down their degeneracy to the next generation. The word “Liberation” in the title also implies that it would be a mercy to the children to release or free them from such a miserable life. The caption further elaborates, asking “which parents would like to wish their children such a horrible lot? Who would want to be responsible for this?”<sup>128</sup> The caption is explicitly stating that these disabled children would have a terrible life not worth living. It also infers that these children would be a burden on both their parents and the society.

The propaganda message is twofold. The poster aims to promote sterilization as the solution to end the supposed suffering of disabled children and it tries to do so in a humane or compassionate way that would convince the public that sterilization is the right or honourable path forward. At the same time, the image promotes the ideology that these disabled children are degrading the *Volk*. The message created a perception that these children were worthless, a burden, and a problem for the German *Volk*. It is also a hint that perhaps sterilization is not enough, and maybe further measures should be taken. While this is a message that the entire population was seeing, the Nazis clearly aimed it at parents. The Nazis intended to make parents question their responsibility and emotions when it came to their children’s health. It was not acceptable to allow such a child to live out of love. Rather, parents should recognize the mercy in allowing their child to die.

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<sup>127</sup> J.F. Lehmanns Verlag, "Posters From Nazi Racial Exhibitions," *Volk and Rasse*, 1936, accessed at German Propaganda Archive, <http://research.calvin.edu/german-propaganda-archive/volkundrasse1936-8.htm>.

<sup>128</sup> J.F. Lehmanns Verlag, "Posters From Nazi Racial Exhibitions."

The state had created a binary between those individuals and families considered to be the ideal German citizens and those who fell outside the Nazi ideals of perfection, which they thought of as a threat to the nation's health. In the case of the disabled, the National Socialists saw this group of individuals as unproductive and worthless, and therefore, Nazis wanted to "destroy and exterminate" them.<sup>129</sup> National Socialists often focused their propaganda on the idea of the "burden" that pitted the genetically ill against the healthy to justify this persecution. Lisa Pine argues in *Nazi Family Policy* that racial laws became accepted amongst executors of eugenic measures. It became a 'moral duty' and 'necessities' to legitimize and utilize practices such as sterilization and euthanasia.<sup>130</sup> However, this acceptance of practice was not fully advertised to the public. While Nazi policy makers overtly introduced a law-making sterilization legal in Germany, the euthanasia program remained hidden. In essence, the eugenic initiatives to remove disability from society emerged from liberal ideologies intended to better individuals, families, and communities through the elimination of suffering and the increase in quality of life.<sup>131</sup> However, liberal morality could also restrict how far everyday citizens were willing to take the policies.

Additionally, if they were following the results of Ewald Meltzer's study, they still believed that parents would support the idea but would rather be uninformed.<sup>132</sup> Meltzer quoted one unnamed parent to have said "It would have been better if I had not known about it" while another wrote, "If the message were unexpectedly taken that the

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<sup>129</sup> Friedlander, *Origins of Nazi Genocide*, 7.

<sup>130</sup> Pine, *Nazi Family Policy*, 10.

<sup>131</sup> Garland-Thompson, "Eugenics," 78.

<sup>132</sup> Burleigh, *Death and Deliverance*, 23.

child had died, I would have been satisfied.”<sup>133</sup> The Nazis would have seen both of these messages as further proof that parents did not want to know about euthanasia openly but that they were not necessarily against it. Therefore, while propaganda and policy hinted at extermination, it was never publicly admitted. Again, this was because Hitler felt that by the beginning of the Second World War, he did not need the explicit consent of patients or their family members.

It is also important to analyze the views surrounding consent, euthanasia, perpetrators, and victims in the years around the court cases since investigators gathered the parental testimonies as evidence in preliminary investigations during in the post Second World War trial atmosphere of 1948 and 1964. Germans generally covered the fate of disabled individuals under National Socialism under a veil of silence. Nevertheless, German society did not entirely repress euthanasia -- the trials publicly discussed the program during the prosecution of euthanasia perpetrators.<sup>134</sup> For a brief interval between 1945 and 1947, those tried regarding euthanasia had high rates of conviction as having committed crimes against humanity or perpetrated murder.<sup>135</sup> The courts believed the physicians, in particular, had failed the professional body of medicine and broke their oath as they denied thousands of patients empathy and care as they sought to achieve a "perfect" society, which would have included bypassing patient or family consent.<sup>136</sup> Initially, there was a great deal of support from the public for postwar trials, as much as 70 percent in 1946. Yet by 1950, the same percentage opposed them.<sup>137</sup>

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<sup>133</sup> Meltzer, „Das Problem der Abkürzung ‚lebensunwerten‘ Lebens,“ 90; 99.

<sup>134</sup> Poore, *Disability in Twentieth-Century German Culture*, 186.

<sup>135</sup> Bryant, *Confronting the “Good Death,”* 217-18.

<sup>136</sup> Andrej Michalsen and Konrad Reinhart, “‘Euthanasia’: A Confusing Term, Abused under the Nazi Regime and Misused in Present End-of-Life Debate,” *Intensive Care Medicine* 32, no. 9 (September 2006): 1308.

<sup>137</sup> Bryant, *Confronting the “Good Death,”* 109.

As public support fell and the Cold War began, the outcomes of the trials changed. By 1948, euthanasia doctors and nurses began to receive reduced sentences and acquittals as they became viewed as subjective accomplices of the Nazi state rather than perpetrators and murderers. In other words, the courts and society did not see them as evil to the core.<sup>138</sup> In 1950, the rate of conviction in West Germany was 800, which dropped to 200 in 1951 and approximately 125 in 1953. In the years between 1954 and 1964, the average rate of conviction was only between twenty-five to fifty per year.<sup>139</sup> On top of clemency for those tried in court, most doctors and nurses involved in euthanasia continued to work in the medical profession without even being barred from practice. Knittel argues this was because their guilt was less clear since euthanasia could be seen as medical as opposed to genocidal.<sup>140</sup> This increased leniency starting in 1948 may be what effected the information that parents of the Frankfurt am Main court cases were willing to provide prosecutors. Parents likely felt more comfortable discussing their transgressions, such as giving consent, when they realized that the government was becoming more lenient. They could assuage any guilt they felt and there was less of a chance that any consequences could fall directly on them.

And yet despite these trials in the 1940s and 50s, no efforts had been made to make reparations to individuals who underwent involuntary sterilization or family members whose relatives the state killed in the euthanasia program. In fact, as perpetrators were continuously acquitted and retained their status, disabled individuals continued to be stigmatized through persistent eugenic thinking and lack of

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<sup>138</sup> Bryant, *Confronting the "Good Death,"* 107-08; 218; 226.

<sup>139</sup> David Cesarani, *After Eichmann: Collective Memory and the Holocaust since 1961* (London: Routledge Curzon, 2005), p. 42.

<sup>140</sup> Knittel, *The Historical Uncanny*, 42.

reparations.<sup>141</sup> They were not included in the 1953 *Entschädigungsgesetz*, a federal law that would regulate compensation for victims of the Nazi regime since the postwar government did not see disabled individuals and sterilization victims as having been persecuted for racial, political, or religious reasons.<sup>142</sup> In a way, the trials were the only way that parents could get any form of reparations if that was an action they sought to pursue.<sup>143</sup> Parents who consented to euthanasia may have felt guilty for their actions during the Nazi period and therefore, testifying against the actual individuals who committed the murder might have been a sense of relieving guilt or even justice.

It is also worth remembering that ideas of eugenics and euthanasia did not entirely vanish in the post-war period. One key example that ideologies had not completely disappeared was the re-publishing of two of Hoche's books in 1950 by Lehrmanns Verlag. The re-published versions were supposed to have sanitized his views of euthanasia and disability, yet the epilogue neglected to acknowledge that Hoche's ideas were one of the most prominent in the creation of the Nazi ideology on euthanasia. The publisher only noted that Hoche, had he lived to 1950, would have addressed these outdated issues.<sup>144</sup> Another example that is more directly related to the public's views on eugenic topics was that brought up by the *Kristall* (Crystal) magazine in 1950. *Kristall* initiated a series of articles and letters from readers on the topic of mercy killing and whether or not physicians should have the right to perform them. The question prompted

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<sup>141</sup> Knittel, *The Historical Uncanny*, 43.

<sup>142</sup> Knittel, *The Historical Uncanny*, 43; 14. Foreign slave workers, homosexuals, and the Sinti and Roma were also excluded for reparations and recognition in 1953. Hanna Schissler, *The Miracle Years: A Cultural History of West Germany, 1949-1968* (Princeton: Princeton University Press, 2001), p. 87.

<sup>143</sup> Based on the testimonies, most parents were sought out by the court investigators, which suggests that they may not have come forward on their own. However, once speaking with investigators many relatives willingly aired their desire for reparations.

<sup>144</sup> Wolf Wolfensberger, "A Reflection on Alfred Hoche, the Ideological Godfather of the German 'Euthanasia' Program," *Disability, Handicap & Society* 8, no. 3 (January 1993): 312.

to differing views. The majority maintained that a “gentle death” was preferable to a lifetime of illness and that the costs of such illnesses were a burden to the healthy. A smaller minority saw this practice as potentially dangerous in the misuse of power and that it could lead to murder.<sup>145</sup> It is clear that even though the topics of eugenics and euthanasia were divided in sentiment, parents who consented to ideas of euthanasia during their interviews were not alone regarding the prevalence of eugenic ideas.

The years leading up to the 1968 generation led to an even more heightened divide of perspectives and feelings on wartime activities and thoughts. While some populations focused on opening the conversation about Germany's National Socialist past and the role of the people as perpetrators, other factions focused on Germany's suffering and continued to see the country as a nation of victims.<sup>146</sup> These ideas largely remained the same in the time leading up to the 1964 Ansbach court investigation. The trend regarding the acquittal of euthanasia perpetrators due to their supposed “conscience” or “empathy” continued during the late 1950s and throughout the 1960s.<sup>147</sup> The fact that defendants used empathy as a defence likely led parents to use the same tactic when describing their beliefs and choices. It also shows that ideas of release as preferable to death were still present, that society still stigmatized disabled individuals as uneducable in the postwar period, and that medical professionals continued to pressure parents to institutionalize their children.<sup>148</sup>

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<sup>145</sup> Poore, *Disability in Twentieth-Century German Culture*, 167-68.

<sup>146</sup> Hans Kundnani, "Perpetrators and Victims: Germany's 1968 Generation and Collective Memory," *German Life and Letters* 64, no. 2 (2011): 274.

<sup>147</sup> Bryant, *Confronting the "Good Death,"* 213.

<sup>148</sup> Poore, *Disability in Twentieth-Century German Culture*, 191.

However, David Deutsch demonstrates that around 1965 not everyone was willing to go along with this line of defence.<sup>149</sup> He argues that newspapers labelled these defences as "cynicism" and that some judges outright rejected these ways of thinking. This illuminates the concept that "empathy could never prompt wrongdoing."<sup>150</sup> Empathy could never lead to actions such as not asking for patient or familial consent and ultimately murder. Furthermore, the social and cultural climate of the 1960s and 70s in West Germany allowed for a reform to take place in medical fields, particularly on topics of disability. This was partially due to the call that new chancellor Willy Brandt made to provide disabled individuals with better care and treatment.<sup>151</sup> This complicates the idea of willingly admitting any support of eugenic ideas. It could no longer be guaranteed that confessing to such actions or beliefs would be met with understanding. Therefore, it is very likely that there were many more parents who either willingly gave consent or supported euthanasia, but never came forward for fear of reprisal or feelings of shame.

The postwar atmosphere for families was also directly fraught with tension. The taboo surrounding disability extended to how families were willing to remember. Pearce argues that not only were relatives of euthanasia victims traumatized by their loved ones' passing, but they also had to deal with the fear of stigma and possibly feelings of guilt.

Relatives had faced prejudices and propaganda throughout the entire Nazi period, as well

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<sup>149</sup> This shift in thinking likely grew out of the context of other prominent trial cases of the era such as Adolf Eichmann in 1961. The 1950s had been relatively silent in terms of the notion of punishing perpetration. But with the Eichmann trial, the idea of perpetration outgrew the idea that it was only a German and Jewish affair as the trial was televised across the world and Hannah Arendt released her famous book, *Eichmann in Jerusalem: A Report on the Banality of Evil*, in 1965. Therefore, it is plausible that the global nature of the trial led justice officials within Germany to also take a stand against reduced punishment for Nazi crimes. Pepijn Corduwener, "'Eichmann Is My Father': Harry Mulisch, the Eichmann Trial and the Question of Guilt," *Journal of War & Culture Studies* 7, no. 2 (May 2014): 133–46.

<sup>150</sup> Deutsch, "Immer Mit Liebe," 15-16.

<sup>151</sup> Poore, *Disability in Twentieth-Century German Culture*, 194.

as a continuation in the postwar period to some extent, that led families to fear the so-called deficiencies. Also, families may have remained silent due to the guilt they felt for supporting a regime or ideology that led to the death of their relative.<sup>152</sup> For these reasons, family memory often suppressed the history of euthanasia and the death of relatives. In some instances, the testimonies given for postwar trials were one of the only places that family members opened up about the past.

While these trials seemingly failed to bring about real consequences for perpetrators and the fact that in most cases, they had not gained parental consent, the trials and postwar atmosphere was not entirely without positive results. An outcome of the failure of the medical field regarding perpetration and the lack of consent of patients or their relatives was the establishment of the Nuremberg Code. As a by-product of postwar trials, the Code was quickly adopted by the Geneva Conventions in 1949 and then added to the International Covenant on Civil and Political Rights in 1966. The enactment created a set of ethical and legal guidelines in an attempt to regulate and standardize human experimentation.<sup>153</sup>

The Nuremberg Code established ten principles to regulate this experimentation. The most significant of these in the case of euthanasia was the first. It required that all consent be voluntary on the human subject's part. That meant the individual should have legal capacity in giving their consent, be able to exercise the power of choice freely,

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<sup>152</sup> Pearce, "Remembering the 'Unwanted' Victims," 121. However, as Reaume argues, the stigma associated with having a disabled family member in an asylum was not localized to Germany but also occurred in non-fascist countries such as Canada. There was a guilt and shame that families felt when their relatives were in a state facility that could affect how involved the relatives were in the process. Some sought to distance themselves from the taint. Yet, it is important to recognize that Nazi Germany actively encouraged and reinforced these stigmas whereas in Canada it was socially constructed. Reaume, *Remembrance of Patients Past*, 195-96.

<sup>153</sup> George J. Annas, "Beyond Nazi War Crimes Experiments: The Voluntary Consent Requirement of the Nuremberg Code at 70," *American Journal of Public Health* 108, no. 1 (January 2018): 42-43.

should not be coerced, forced, or deceived in any manner, and should have sufficient knowledge and understanding of the matter, including any possible risks, to make an informed decision. Additionally, it adds a stipulation for the individuals conducting the experiment. It is their personal responsibility to ensure that they have voluntary consent before initiating anything.<sup>154</sup> This principle demonstrates that in the postwar period of the trials, it became clear that a large majority of the atrocities committed occurred because of a lack of consent on the participant's or patient's side as no legal precedent was in place to require it. Therefore, the Code was a response to rectify that.

While the Nuremberg Code was not established solely based on the crimes of euthanasia perpetrators, it does demonstrate that consent became a key issue in the postwar period. Because of the Nuremberg Code, most modern ethicists, scientists, and historians see the issue of eugenics as solved since “individual free choice and informed consent” combat the “compulsory measures for the collective good, defined and imposed by the state” that had occurred under Nazism.<sup>155</sup> Whether this is entirely true will not be discussed here. What is important to take from this discussion is that consent became a fundamental element of human rights in medical cases.

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<sup>154</sup> Annas, “Beyond Nazi War Crimes Experiments,” 43; The entire first principle is stated as follows: “The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. The latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment. The duty and responsibility for ascertaining the quality of the consent rest upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.”

<sup>155</sup> Poore, *Disability in Twentieth-Century German Culture*, 310-11.

Even with all the extenuating circumstances and the context of the postwar atmosphere, what did it mean for parents to give consent? As Vidor argues, the experience and study of illness, death, dying, and grief is emotionally charged, which makes the experiences of parents with disabled children even more complicated.<sup>156</sup> In the case files of the Frankfurt am Main and Ansbach investigations, of the roughly 137 testimonies, parents rarely gave any evidence that they had given consent to Nazi officials for their actions or ideas. In fact, there were only about eight instances where it was explicitly stated. This could be for a variety of reasons, including the legacy of euthanasia in the postwar period as discussed. Or perhaps, they truly disagreed with the state. Or maybe they felt too ashamed or guilty to admit that their complicity was partially responsible for their child's death. Parents were likely afraid to be accused of having their own child killed, whether their actions explicitly led to that death or not.

The District Court of Ansbach enlisted the help of local police detachments to question parents of possible euthanasia victims as part of a preliminary investigation against Dr. Schuch, Dr. Mueller-Bruckmueller, Dr. Josef Hofman and nurse Hanss Hofmann. The Court sought to use parental testimony to determine the extent to which these practitioners practiced euthanasia in Ansbach.<sup>157</sup> Particularly, relevant to this chapter and its discussion on consent, the Court asked local police to question parents on issues such as:

Who caused the commitment of the child in the Heil und Pflegeanstalt?... Has anyone mentioned anything about it, that the child could be “euthanized” in Ansbach?... Could any conclusions be drawn from the behaviour of the witness at

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<sup>156</sup> Gian Marco Vidor, “Emotions and Writing the History of Death. An Interview with Michel Vovelle, Régis Bertrand and Anne Carol,” *Mortality* 20, no. 1 (January 2, 2015): 37.

<sup>157</sup> Investigation Questions for the Preliminary Investigation against Dr. Schuch, Dr. Mueller-Bruckmueller, Dr. Josef Hofman and Hanss Hofmann, 18 February 1964, Folder 235, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

the time of the rejection of “euthanasia” or the consent to it? What position would the witness have taken if they had been asked in this direction?<sup>158</sup>

The intent of these questions is significant. Officials were trying to determine if consent had a role in either family or medical spheres. Although I do not have the questions that the District Court of Frankfurt am Main asked during their investigation, it is evident through the various testimonies and the call for witnesses that the aim was to discover how the children ended up in state facilities and who was responsible for that.<sup>159</sup> Both of these preliminary investigations were seeking to understand the same things: who is responsible for euthanasia. While the investigators intended these questions to determine the complicity of the doctors and nurses under investigation, the court also appears to have searched for answers regarding parental involvement- if any existed at all. This is particularly significant because as Burleigh pointed out, some individuals did collaborate with the National Socialist regime.<sup>160</sup>

One such case was that of Heinrich Frank. His testimony is unique amongst those collected for the two preliminary investigations due to the candid nature of his interview. He was the only parent that discussed at length the measures that he went to in order to help his son. For Frank, this included giving his consent to euthanasia not just once but multiple times. Each testimony started with the parent in question describing the birth of their child and details regarding the condition of the child prior to institutionalization. Frank described his son Heinrich Junior, called Heinz by his family, as mentally and

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<sup>158</sup> Investigation Questions for the Preliminary Investigation against Dr. Schuch, Dr. Mueller-Bruckmueller, Dr. Josef Hofman and Hanss Hofmann, 18 February 1964, Folder 235, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

<sup>159</sup> Request for Witnesses by Judge for the Württemberg/Münsingen District Court, 13 July 1948, Folder 368, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>160</sup> Burleigh, *Death and Deliverance*, 4.

physically far behind his peers. He recalled a Dr. Ziegler, who was a local pediatrician, treating Heinz with radiation, which led to little improvement. Frank went on to explain that as his son grew older, he grew abusive and was confrontational with other children. One such conflict resulted in a court-ordered examination of the child and the medical advisor pronounced Heinz as an incurable idiot. He then ordered the commitment of the child to the Heilanstalt Stetten in Remstal, where the child spent time in and out of the institution until the start of the Second World War when Remstal transferred him to Winnenden. Frank notes from his visits to Winnenden that the mental state of his child had collapsed during that time.<sup>161</sup> Given the emotional community at the time, Heinz' behaviour was not viewed as socially acceptable. Even Frank himself, gave no indication that he disagreed with the decision to institutionalize Heinz.

Nevertheless, this is where the interview becomes significant. After describing the condition of his son and his placement in state-run facilities, Frank began to discuss his emotions regarding his son and the actions he took based on those feelings. Frank remembers feeling that the situation with his son was futile, and therefore, he consented to the euthanasia of Heinz. Frank had to emotionally navigate the choice between allowing his son to live as he was, which he viewed as unfit, or reaching out to the institution for a permanent solution. But how did Frank know that euthanasia was even an option if the National Socialist government kept the program a secret? Frank's interrogation suggests that he learned about the possibility of euthanasia from Dr. Gutekunst, the head of the Winnenden institution. Frank had asked Dr. Gutekunst how children with a higher mental capacity than his son came to die in institutions while his

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<sup>161</sup> Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany 1-2.

son "would continue to live despite his mental stupidity."<sup>162</sup> This demonstrates that Frank was feeling frustrated with his son's condition. However, it also indicates that Frank had noticed that other children with so-called deficiencies were dying in state institutions. This is interesting because rather than feeling outraged over deaths, Frank felt more of a curiosity or perhaps jealousy. His reaction suggests that he was buying into the approved ideology of the Nazi emotional regime that some people were unworthy of life.

When the doctor explained that the facility was already taking steps, Frank said he received the impression that his son would die by injection. He questioned the doctor on how the measure would be carried out, to which the doctor replied Heinz would "get an injection and then would fall asleep and wake up no more."<sup>163</sup> This statement clearly indicates death. There is little room for the belief that maybe Frank misunderstood the meaning and consented to something else. This was confirmed during the interview when Frank says that he gave verbal consent for doctor and facility to perform the practice of euthanasia in the manner described and that he left the institution with the understanding that his child would be "released from his suffering."<sup>164</sup> It is clear from the phrases "injection," "wake up no more," and "released" that Frank understood that he could approve actions that would lead to the death of his son.

But the history of Heinrich Frank and his son Heinz under National Socialism does not end there. When Frank did not receive a death notification, he inquired with Dr. Gutekunst who informed Frank that such matters had been reported to the "Reich's

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<sup>162</sup> Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany 2.

<sup>163</sup> Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>164</sup> Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

Committee on the Scientific Recording of Genetic and Hereditary Diseases/Suffering" in Berlin and that he would need to contact them from now on. Frank described in his testimony that the state transferred his son from Winnenden to Schußenried around the same time that he wrote the Reich Committee to let them know that he was still in agreement with releasing his child from suffering.<sup>165</sup> He also adds that he gave Dr. Gutekunst written consent approximately at this time. Frank said that he received a notification from the Reich Committee stating that “it would still be possible for my business to be settled” and that he was unclear about that exact meaning. What is clear from these actions is that Frank felt committed to euthanizing his son. It was not simply a single moment of weakness but a continual feeling that Frank repeatedly strove to make a reality. It is possible that Frank saw euthanasia as a form of emotional liberty. By discovering the program, he could manage his feelings as parent regarding Heinz’ best interest and agree to a new way to end Heinz’ suffering. However, this would have been an ideal example for those running the euthanasia program. His reactions and feelings were in line with the Nazi emotional regime on how parents should view euthanasia.

At this point in Frank’s testimony, it becomes more representative of all of the others. He describes the series of events that led to actual death of his child. Frank stated that after receiving the letter from the Reich’s Committee, Heinz experienced a series of institutional transfers starting in July 1944. First from Schußenried to Eichberg and then from Eichberg to Hadamar.<sup>166</sup> Shortly after arriving at Hadamar, the Frank family

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<sup>165</sup> Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>166</sup> Correspondence of Justice Inspector Stempel to Ministry of the Interior Professor Dr. Stähle, 30 June 1944, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

received notice on 12.12.1944 that Heinz was failing due to heart failure with swelling of the feet.<sup>167</sup> Eleven days later they then received the telegram from Hadamar, dated from the 21.12.44, that Heinz had in fact died. It is unclear if due to the delay in Heinz' date of death whether or not Heinrich Frank's verbal and written consent directly resulted in the death or if Hadamar would have euthanized Heinz regardless. However, Frank's eagerness to release his son from a life of misery and suffering was permission enough for the state. Perhaps, the transfers, the notification of sickness, and the final death notice were all completed as a show. Because even if Frank knew, not all of his family members might have agreed with his decision and the program needed to remain a secret.

The analysis of Frank's emotional state throughout this testimony is particularly crucial. Despite consenting to the death of his child, Frank appears not to have done so out of malice. As Reddy argues, in an emotional regime, there is emotional suffering and the emotional navigation of such suffering. Frank had to navigate the conflicting emotions of being a father and what it means to have a disabled child under the Nazi state. These conflicting emotions hinted at from through glimpses of his interrogation. First, Frank continually refers to "the release" that his child would experience after being euthanized. He seems to have been under the impression that his son's life was very difficult and possibly so painful that it would be a relief to set him free. Frank repeatedly told investigators that he just wanted his son to be "released from his incurable suffering."<sup>168</sup> This demonstrates the pervasiveness that the idea of suffering had within

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<sup>167</sup> Correspondence of Hadamar's Chief Doctor to the Frank Family, 12 December 1944, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 3.

<sup>168</sup> Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

euthanasia debates. A common denominator in discussions on the subject often revolves around the concept that euthanasia is an empathetic way to end suffering.<sup>169</sup> The phrase also indicates that said release will not only end Heinz' misery but also the emotional suffering that he as a parent has to endure watching his child live in pain. Beyond parental empathy, this argument was also used by medical professionals to justify their actions. They argued that in order to follow medical ethics and empathetic care, euthanasia could be used at a physician's discretion to prevent extreme and enduring pain.<sup>170</sup> The same concept can apply to parents. The language that Frank chose to describe his son's passing hints at the fact that there was no cruelty in the act. Frank simply believed that his son physically, and his family emotionally, would be better off in death than in his current condition on earth.

Additionally, Heinrich Frank admits that he is at fault for his son's death and no one else in his family since he was the one to give permission. He made it clear that his conversation with Dr. Gutekunst and the correspondence with Berlin happened without the knowledge of his wife. He argued that he did not want "to burden her conscience too."<sup>171</sup> This choice of words expresses that Frank knew that the consequences of his choice would affect his family for the rest of their lives and that he did not want his wife to experience any of the possible emotions associated with that. He knew that his emotional navigation of the situation conflicted with what parenthood typically stood for and he did not want his wife to have to deal with that internal struggle. Even though Frank did not specify what emotions he carries having given consent to his son's murder,

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<sup>169</sup> Deutsch, "Immer Mit Liebe," 10.

<sup>170</sup> Deutsch, "Immer Mit Liebe," 3; 7.

<sup>171</sup> Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 3.

his choice of the word ‘burden’ implies that he carries the weight, perhaps even guilt, of that consent every day.

What is interesting about this testimony is that Heinrich Frank willingly and openly admitted the role that he played in his child’s death. Although Frank was sought out by the Frankfurt am Main court investigators and interrogated by Heidenheim/Brenz State Police in 1948, he could have easily lied or even withheld the truth from police during the testimonies. While investigators hoped that parents would be forthright about their feelings and actions during the war, there was always the knowledge that not every parent would be willing to divulge their possibly incriminating behaviour. Some parents did precisely that. Upon examination of one particular parent, Alfons Kleck, the father of Anton Kleck never once admitted either to being in agreement with the act of euthanasia or giving consent. He claimed that the only document he signed was to permit the institutionalization of the child.<sup>172</sup> And yet, further examinations by the court led to the realization that Kleck had given consent according to his child’s physician, Dr. Walter Gmelin, when he asked multiple physicians to euthanize his feeble-minded child.<sup>173</sup> It is evident in this instance that Kleck did not want to admit to investigators after the war that he had not only given consent but that he had known of euthanasia’s existence in Germany and that he had willingly requested the state implement it for his child.

The question then begs: why did Heinrich Frank tell the truth? Perhaps Frank felt that admitting his role in the death of his son would absolve some of the feelings of guilt associated with his actions. Stargardt argues that *legitimate* violence under Nazism led to

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<sup>172</sup> Interrogation of Alfons and Anna Kleck, 22 June 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>173</sup> Interrogation of Dr. Walter Gmelin, 16 July 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

a divided self in the postwar period. Germans had to reconcile the feelings of shame for participating in those policies with the return of moral structures in society.<sup>174</sup> It is possible that Frank was finally able to allow himself to openly feel about the death of his son, in a way that was not possible under the constrained era of the Nazis. He could have found an emotional release in telling his story by politically engaging with the emotional suffering that euthanasia caused and resisting falling back into the aggressive, emotional norms that had been accepted under Nazism.<sup>175</sup> Or maybe he felt the need to defend a state policy that allowed him to prevent his child from any more suffering. Either way, Frank felt that it was essential to let investigators know the role he had in his son's death.

While the case of Heinrich Frank and his son Heinz was the most apparent instance of consent to euthanasia, the Frankfurt am Main and Ansbach preliminary court investigations demonstrate that giving consent occurred in more than one way. Not every parent immediately knew about the program and was able to give consent to the actual deaths, such as Heinrich Frank or Alfons Kleck, but that did not mean that they were in disagreement with the concept. In fact, in the investigations, local police detachments recorded that some parents agreed with what the Nazi program had attempted to achieve and therefore, consented to the overall idea and use of euthanasia against the so-called unfit in society. However, the major difference was the timing of the consent and the extent to which parents admitted their beliefs. Whereas parents like Frank and Kleck gave consent to the idea of euthanasia during the program, but only public discussed it after the war, other parents established their consent after the war, particularly in how

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<sup>174</sup> Nicholas Stargardt, "The Troubled Patriot: German Innerlichkeit in World War II," *German History* 28, no. 3 (September 1, 2010): 342.

<sup>175</sup> Plamper and Tribe, *History of Emotions*, 258.

they discussed the climate of disability during their interviews for court investigations. Additionally, their support of euthanasia seems to have occurred in small passing comments rather than grand explanations as Frank had done.

Two themes emerged amongst parents who agreed with the use of euthanasia. The first had to do with the so-called burden that disabled children brought with them.<sup>176</sup> Inherently, individuals with disabilities have different needs than other people and sometimes that requires more or adjusted work: often for those around someone with a disability. That could include things like having to feed the child past infancy, the child being unable to walk or sit, and even behavioural issues.<sup>177</sup> That could mean their parents, siblings, or relatives, but it could also mean their communities and even the state.<sup>178</sup> These different needs can then be interpreted as “burdens” by some members of society. As mentioned earlier, being a burden was one of the initial justifications that medical professionals and the state used to promote euthanasia in the first place and in some cases the same concept also extended to how parents felt about their children. Otto Schilling, the father of Gerda, indicated that while he might not have agreed to the death of his own child during the war, he could not disagree with the notion of euthanasia. He affirmed, "I am still of the opinion that it would not be exactly wrong, if mentally disturbed persons (mainly children), who are only a burden to their parents, are euthanized in a humane way."<sup>179</sup> Here, Schilling argued that if a mentally ill child (or

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<sup>176</sup> For how parents saw the “hereditary burden” in Nazi life see: Teicher, “Father of the Bride.”

<sup>177</sup> Interrogation of Wilhelmine Schörg, 9 May 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1; Interrogation of Heinrich Frank, 3 July 1948, Folder 363, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>178</sup> Ginsburg and Rapp, “Family,” 83; Hanes, Brown, and Hanson, *The Routledge History of Disability*, 425; Evans, *Forgotten Crimes*, 33.

<sup>179</sup> Interrogation of Otto Schilling, 1 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 3.

adult) was a burden to their family, then it would not be wrong to consent to their death. Schilling's thinking was still in line with the National Socialist views on "burdens," particularly the propaganda that they promoted, even though it had been nearly twenty years since the fall of the Nazi regime when he gave his testimony. This demonstrates that the lack of recognition for euthanasia and its victims within the postwar emotional community, as discussed earlier, led to a perpetuation of Nazi ideas. However, his use of the phrase "humane way" reveals that Schilling felt that disabled individuals should not experience any suffering in their death. So, while Schilling was still willing to accept the Nazi prescribed notion that he should feel like disability was a burden, he was conflicted in his feelings that death should only occur if it was painless.

Schilling's comments hint at the second theme that emerged concerning parents who consented to the idea of euthanasia, which was that of death as a release from a miserable life. The discussion around the productivity of a disabled individual's life dates back to the eighteenth century, according to Turner. He argued that "passions," "affections," and "sentiments" formed the understanding of what physical difference meant. Turner demonstrated that individuals during this time equated disability with sorrow and misery since the person's impairment would disrupt the notion of a "happy and productive life course."<sup>180</sup> This notion did not fade with time but rather strengthened. Particularly in Nazi Germany, the idea of the burden went hand in hand with the idea of a useless life or a life unworthy of living. Therefore, under National Socialism, the emotional regime approved of the prescribed feeling that it would be better if the individual did not exist because they would not experience any hardship or suffering.

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<sup>180</sup> Turner, "Disability History and the History of Emotions," 10; 7.

Many German parents utilized such an argument when they discussed euthanasia with court investigators after the war. One mother, Katharina Kraus, argued that if officials asked to euthanize her child during the war then she would have understood as long as the child felt no pain.<sup>181</sup> Alice Kontz agreed. She stated that “death was truly a salvation” since her child suffered greatly every hour and it was torture for her to see her child in such a condition.<sup>182</sup> Even some parents who were reluctant to admit to investigators whether or not they would have consented to euthanasia, expressed the belief that a release from life would be the best option for a child with mental or physical suffering caused by disability.<sup>183</sup> These attitudes illuminate the continuation of eugenic thinking amongst parents after the war. Just as some of the public continued to view eugenics as not entirely wrong, parents revealed similar sentiments in their interviews.

Yet, discussions of release all seemed to have revolved out of compassion. Ironically, for some parents, death meant a better life for their child and therefore, they were willing to consent to the idea. In their emotional navigation of the choices and the suffering associated with both, death as a release was the least upsetting option for these parents. The one caveat being that death should be swift and painless. Parents did not want their children to suffer in death as they did in life. Here, parents were using the same type of argument that physicians during postwar trials attempted. Their decisions seemed to be based on the belief that violence might be justifiable if done with empathy and occurred due to the belief that it was in the best interest of the child. Additionally, it

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<sup>181</sup> Interrogation of Katharina Kraus, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2.

<sup>182</sup> Interrogation of Alice Kontz and Margarete Stark, 1 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>183</sup> Interrogation of Ingeborg Höfler, 9 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2.

seems as though death as a release also aided the emotional state of the parents as well. These individuals seemed to be “suffering” along with their children, albeit in the emotional rather than physical or mental sense. These parents bore an emotional toll as they watched their children experience pain or hardship. Therefore, a release of the child also enabled a release for the parents as well. They no longer had to worry or agonize over their child’s experiences.

Under National Socialism, parents faced a great deal of pressure to have the perfect Aryan family. Nazi officials endlessly promoted this ideology while also singling out those individuals and families that threatened that idea. Those considered unfit or disabled within society and the nuclear family became known as “burdens” or “life unworthy of life.” Therefore, as the Nazi party introduced policies to combat the unfit, such as sterilization and euthanasia, parents with disabled children encountered and had to emotionally navigate some difficult decisions. Even though euthanasia was not publicly known, some parents did discover the program and gave consent to its use. Others only discovered the program after the war but consented to the idea that euthanasia was trying to achieve. While one would assume that parents who consented to euthanasia were acting in malice since who could do such a thing to their child, an examination of the Frankfurt am Main and Ansbach court files illuminate that parents who admitted to supporting the program did so for compassionate reasons such as not wanting to see their child suffer. That need to prevent suffering and provide their children with the best care is also what led other parents to accept institutionalization even if they did not have the same knowledge of the program to comprehend what that actually meant.

## **Chapter Two- Acceptance and Parental Trust in the Nazi Emotional Regime**

“History becomes a record of human efforts to conceptualize our emotional makeup, and to realize social and political orders attuned to its nature.”<sup>184</sup> Under National Socialism, emotions were inexplicably linked to political order. Thus, it was easiest for individuals to listen and follow Nazi doctrine. In a regime that set normative practices and rituals even for emotion, while also punishing deviant behaviour, the practice of acceptance extended to family life as well since Germans were conditioned as to what they could or may feel and show in certain situations.<sup>185</sup> One of these situations was the euthanasia program and the inherent institutionalization of the infirm and chronically ill. Even though the program was a secret, many parents agreed to place their disabled child in a facility when Nazi organizations and officials called for institutionalization. In this case, acceptance was not about agreeing to the idea of euthanasia since parents did not know about the program; rather it meant accepting the social and emotional ideology that the Nazis provided for institutionalizing disabled individuals because of the trust that parents had in both the various organizations of the Nazi state and the medical field.

As argued already in Chapter 1, this thesis is based upon records gathered by investigators for postwar court cases. Therefore, not only are these testimonies recollections of the Nazi period, but they also take place in a completely different social, cultural, and historic mind frame. Because of the restrictions of the Nazi emotional

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<sup>184</sup> Reddy, *The Navigation of Feeling*, xi.

<sup>185</sup> Reddy, *The Navigation of Feeling*, 125; 129; "History Of Emotions," Max Planck Institut Für Bildungsforschung / Max Planck Institute For Human Development. For more on how Germans responded to Nazism see: Detlev Peukert, *Inside Nazi Germany: Conformity, Opposition, and Racism in Everyday Life* (New Haven: Yale University Press, 1987); Peter Fritzsche, *Germans into Nazis* (Cambridge, Mass: Harvard University Press, 1998); Peter Fritzsche, *Life and Death in the Third Reich* (Cambridge, Mass: Belknap Press of Harvard University Press, 2008).

regime, Götz Aly argues that during the Second World War there was a grey area between total acceptance or opposition where the euthanasia program was concerned as local officials, clerics, and even the larger population had a silent and passive complicity. Additionally, he maintains that the expressions of emotions, such as anger, from relatives, were not enough to create outright action against the secret program in most cases.<sup>186</sup> However, after the war, how German society dealt with its Nazi past and particularly euthanasia was even more complicated. Germans grappled with the dichotomy between being victims, perpetrators, and ordinary people all at the same time. In “Gender, Sexuality, and Coming to Terms with the Nazi Past,” Elizabeth Heineman labels this behaviour as *Vergangenheitsbewältigung* or “coping with the past.”<sup>187</sup> She argues that in the postwar period, Germans had a difficult time resolving or even coping with identities that were connected with Nazi crimes and tended to focus on identities of victimhood instead, which could include women who experienced rape, the allied bombing of German cities, and German men and soldiers interned as prisoners of war.<sup>188</sup> When it came to the euthanasia cases, these identities became even more blurred. Parents were simultaneously victims because the Nazis killed their children and perpetrators for

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<sup>186</sup> Götz Aly, “Medizin gegen Unbrauchbare,” 16-18.

<sup>187</sup> Elizabeth Heineman, “Gender, Sexuality, and Coming to Terms with the Nazi Past,” *Central European History* 38, no. 1 (March 2005): 47.

<sup>188</sup> Heineman, “Gender, Sexuality, and Coming to Term,” 53; 60; 44. For more on complicated identities in the postwar period see: Claudia Koonz, *Mothers in the Fatherland: Women, the Family, and Nazi Politics* (New York: St. Martin's Press, 1987); Adelheid von Saldern, “Victims or Perpetrators? Controversies about the Role of Women in the Nazi State,” in *Nazism and German Society 1933-1945* ed. David Crew (London: Routledge, 1994), pp. 141-65. For more on mass rape see: Atina Grossmann, “A Question of Silence: The Rape of German Women by Occupation Soldiers,” *October* Nr. 72 (1995): 43-63. For more on bombing of German cities see: Elizabeth Heineman, “The Hour of the Woman: Memories of Germany's “Crisis Years” and West German National Identity,” *The American Historical Review* 101, no. 2 (1996): 354-395; Randall Hansen, *Fire And Fury: The Allied Bombing Of Germany, 1942-1945*, (Canada: Anchor Canada, 2009); David. F. Crew, *Bodies and Ruins: Imagining the Bombing of Germany, 1945 to the Present*, (Ann Arbor: University of Michigan Press, 2017). For more on the return of prisoners of war home see: Hester Vaizey, “Parents and Children,” in *Surviving Hitler’s War: Family Life in Germany, 1939-48* (London: Palgrave Macmillan UK, 2010).

following along with or not questioning the regime and the atrocities that took place, all while reconciling the idea that they were just ordinary Germans trying to rebuild their lives after the Second World War.

In *Ordinary Germans*, Andrew Stuart Bergeron reasons that conformity under Nazism was so successful because citizens accepted Nazi policies without much resistance by merely adjusting mundane actions and opinions. In fact, he uses the idea of *Herrschaft*, which translates to dominance or hegemony, to show how everyday people adapted their everyday behaviour to new systems to gain or retain power, status, or safety.<sup>189</sup> He discovered that ordinary people laid the foundation for Nazism because as the government was formalizing, citizens were informally integrating Nazi symbols into everyday life, hoping to gain more status.<sup>190</sup> Geoff Eley also discusses how ordinary Germans utilized methods such as coping and collusion. He states that “For individuals that meant: to consent, to put up with, to go along – but also “to duck,” to distance oneself, even once in a while to oppose.”<sup>191</sup> The success of totalitarianism was based on the connection between the official and grassroots forms of the movement. In the case of parents with disabled children, conformity to Nazi policy meant that families could retain their power and status as ordinary Germans rather than being branded as hereditarily unfit because of their children. It also suggests that parents used conformity as a measure of safety. By agreeing to institutionalization, they were under the impression that they and their loved ones had protection from the retaliation caused by deviancy.

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<sup>189</sup> Andrew Stuart Bergeron, *Ordinary Germans In Extraordinary Times* (Bloomington, Ind.: Indiana University Press, 2004): p. 9.

<sup>190</sup> Bergeron, *Ordinary Germans*, 125-36; 128.

<sup>191</sup> Geoff Eley, *Nazism as Fascism: Violence, Ideology, and the Ground of Consent in Germany 1930-1945* (Taylor & Francis, 2013): p. 66.

Barbara Rosenwein looks at the idea of conformity in a narrower capacity in her history of emotions framework. She argues that people live and have always lived in emotional communities. By this, she means that emotional communities are similar to social ones, and therefore, include social formations large and small, organized around families, churches, neighbourhoods, even parliaments. She reasons that these communities self-regulate emotion by determining what is valuable or harmful as well as assessing the emotions of other community members for aspects they encourage, anticipate, tolerate or abhor.<sup>192</sup>

But under the emotional regime of the National Socialists, more and more power was taken away from individuals and their communities and centralized within the ideologies promoted by the Nazi state. As mentioned in the last chapter, emotional regimes construct a vision of what are acceptable feelings and constrain any other type of emotion. These concepts are particularly significant in parental agreement to institutionalization as they demonstrate the limited options that parents had regarding their feelings under Nazism and how that expression often displayed itself as trust in the fact that the state must know best. They can also demonstrate the conformity of feelings and actions of ordinary Germans. However, as Fritzsche contends, Germans were often divided in their views of Nazism and the reasons for conformity or adoption of Nazi values varied greatly.<sup>193</sup> As Fulbrook and Rublack maintain, when reading ego documents such as these testimonies, is not to reconstruct a genuine “non-discursive voice of the subjects” but rather to use personal testimonies to try and determine how

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<sup>192</sup> Rosenwein, “Worrying about Emotions in History,” 842-43.

<sup>193</sup> Fritzsche, *Life and Death*, 35-37.

people actually interacted with set norms and relationships, dealt with conflicting commands, and their own fears and emotions. The point is to see what these individuals see as significant, how that shapes their narrative, and what that means for a particular context.<sup>194</sup> This concept is important for parents who accepted institutionalization as one seeks to understand why parents made certain choices and how they portrayed it in their postwar testimonies.

Regarding disability and Nazism, conformity primarily entailed prescribing to National Socialist views of institutionalization. Disability scholars, such as Licia Carlson, argue that institutionalization is an active process that reflects the social objectives of the society in which it takes place.<sup>195</sup> The outlook that the Nazis employed originated in the late nineteenth century when the view emerged that society needed protection from the disabled or deviant individuals.<sup>196</sup> This idea of social danger heightened in the early twentieth century in tandem with the rise of eugenics and the belief that these individuals should not reproduce. Therefore, the argument that disabled individuals should be treated and educated in institutions rather than at home became prevalent because popular beliefs developed that they belonged in said institutions.<sup>197</sup> As Faye Ginsburg and Rayna Rapp point out that governments and general society even told families to “institutionalize their

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<sup>194</sup> Mary Fulbrook and Ulinka Rublack. “In Relation: The ‘Social Self’ and Ego-Documents,” *German History* 28, no. 3 (September 1, 2010): 271; 263-64. An “ego-document” is simply a source that in a broad sense gives insight into or reveals information about the “self” who produced it. The term was originally coined by Jacob Presser, a Dutch historian who used the term in his study survivor testimonials of Nazi extermination. In particular, ego-documents are useful in connecting the subjectivity of how structures of historical events are experienced as well as how individual agency is constructed in those situations.

<sup>195</sup> Licia Carlson, “Institutions” in *Keywords for Disability Studies*, ed. Rachel Adams, Benjamin Reiss, and David Serlin (New York: New York University Press, 2015), p. 109.

<sup>196</sup> Safford and Safford, *A History of Childhood and Disability*, 153.

<sup>197</sup> Carlson, “Institutions,” 110; Poore, *Disability in Twentieth-Century German Culture*, 49; Hanes, Brown, and Hanson, *The Routledge History of Disability*, 423-424.

disabled children ‘for their own good.’”<sup>198</sup> The establishment of segregated institutions was rooted in and reinforced oppression and stigma against disabled individuals.<sup>199</sup> However, relatives with disabled family members did not realize this until it was too late. Once institutionalized, power was no longer within families’ direct control. Rather as self-authenticating and self-perpetuating units, the power fell into the hands of superintendents established by “professional legitimacy.”<sup>200</sup>

Nevertheless, let us analyze exactly what institutionalization and treatment meant to medical professionals and Germany leading up to and during the Nazi period. Before the First World War, German institutions employed similar methods to other western European countries. These involved things such as bedrest aimed at the maintenance and safekeeping of individuals with disabilities rather than recuperation, regeneration, or treatment.<sup>201</sup> Just before the war, a new method was introduced by Dr. Gustav Kolb in the form of the out-patient cure. He believed that with the increasing number of patients with mental illness that only the severe cases should be subjected to institutionalization while the facility should provide cases with the most hope of reintegration with “family care.”<sup>202</sup> Hermann Simon introduced another method of treatment, “active therapy,” in 1924. This method outlined that patients who were able to perform light labour, such as

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<sup>198</sup> Ginsburg and Rapp, “Family” 82.

<sup>199</sup> Hanes, Brown, and Hanson, *The Routledge History of Disability*, 501.

<sup>200</sup> Carlson, “Institutions,” 111.

<sup>201</sup> Heberer, “‘Exitus Heute in Hadamar,’” 149; 166. Despite the progress that Sigmund Freud had made in the field of psychology, German health professionals dismissed the field as a form pseudoscience. As late as 1945, psychiatrists in Germany continued to believe mental conditions were caused by brain diseases and/or biological and chemical imbalances. These beliefs were likely a factor in what “treatment” patients underwent, particularly if their illness was believed to be due to biological or hereditary causes.

<sup>202</sup> Heberer, *Exitus Heute in Hadamar*, 150. The number of patients with mental disorders rose from 185,397 in 1924 to over 300,000 by 1929. Kolb also believed that the out-patient treatment that placed patients with locals who provided room and board while the patient still received treatment from the facilities doctors would preserve resources and create a dialogue with the larger communities regarding the mentally ill.

housework, gardening or agriculture, would be required to be educated or re-educated in such tasks as a way of preparing them for societal reintegration. However, this exercise also reflected the economic hardships of the time. The patients provided unpaid labour for the facilities in a time of economic downturn.<sup>203</sup> The practice also allowed for more prominent roles for medical authorities, such as doctors and caretakers, as they often controlled who partook in active therapy versus whom they deemed useless eaters.<sup>204</sup>

Under National Socialism, institutions, caretakers, and their methods shifted again. The Nazi state drastically cut funding, and private institutions for adult and children's institutions for the mentally and physically disabled were under attack in the late 1930s. By 1939, nearly all of the sanatoria and nursing homes had been repurposed into state-run facilities or patients from other institutions, such as Christian ones, were transferred.<sup>205</sup> Additionally, admittance to these facilities changed as state-initiated committals grew.<sup>206</sup> State control also extended beyond institutions to medical staff as well. As Michael Kater points out, German doctors had the highest percentage of Nazi Party members in comparison to all other free professions.<sup>207</sup> National Socialists also

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<sup>203</sup> Heberer, *Exitus Heute in Hadamar*, 151-52.

<sup>204</sup> Heberer, *Exitus Heute in Hadamar*, 151.

<sup>205</sup> Patricia Heberer, "Targeting the "Unfit" and Radical Public Health Strategies in Nazi Germany," in *Deaf People in Hitler's Europe*, ed. Donna F. Ryan and John S. Schuchman (Washington, D.C: Gallaudet University Press, 2002), p. 58; Heberer, *Exitus Heute in Hadamar*; 185-86; Dieter Debus, Birgit Kalkowsky, Heidi Schmidt-von Blittersdorff, "Neure Überlegungen zur Vorbereitung und Organisation der Verbrechen der Psychiatrie in der NS-Zeit," in *Psychiatrie Im Faschismus: Die Anstalt Hadamar 1933-1945* ed. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986), p. 44.

<sup>206</sup> Monika Daum, „Arbeit und Zwang, das Leben der Hadamar Patienten im Schatten des Todes,“ in *Psychiatrie Im Faschismus: Die Anstalt Hadamar 1933-1945* ed. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986), pp.174-175. Previously, admittance to mental health institutions occurred primarily due to family committals or on a doctor's recommendation. The percentage of state-initiated committals rose fourteen percent from forty-one between 1933 and 1939 to fifty-five between 1940 and 1945. An average of twenty-five percent of all committals were forced by police or judicial authorities in the second period as the rate of familial committals dropped.

<sup>207</sup> Michael Kater, *The Nazi Party: A Social Profile of Members and Leaders, 1919-1945* (Cambridge, Mass.: Harvard University Press, 1983), p. 112. For more on physicians see: Lifton, *Nazi Doctors*, (New York: Basic Books, 1986).

centralized caregiving and nursing as Nazi policies dissolved disparate nurses' unions that had numbered over fifty separate organizations prior.<sup>208</sup> As Hitler and Nazi state began to look into implementing the euthanasia program, more and more personnel became involved in the process beyond doctors, nurses, and midwives, including psychiatrists and social workers.<sup>209</sup> With the centralization of state facilities and staff, which emphasized conformity, the interest of the sick and suffering patients weakened as doctors and nursing staff returned to methods of maintenance rather than caretaking and healing as they saw it as better for the "common good" of the *Volk*.<sup>210</sup> This focus on institutionalization is particularly important when using an emotional analysis because as Benno Gammerl states, spatiality is key when considering how certain emotions can be associated with varying places.<sup>211</sup>

Even though the views surrounding institutionalization and actions of conformity were prevalent under National Socialism, what led individual families to institutionalize their disabled child? Parents stated that they complied for a variety of reasons, including better care and/or treatment, cost benefits, the belief that the child would be redeemed, and even the threat of being denied custody rights. In these cases, parents

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<sup>208</sup> Heberer, *Exitus Heute in Hadamar*, 157.

<sup>209</sup> Heberer, *Exitus Heute in Hadamar*, 95; Susanne Scholz and Reinhard Singer, "Die Kinder in Hadamar," in *Psychiatrie Im Faschismus: Die Anstalt Hadamar 1933-1945* ed. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986), p 216. For more on midwives see: Benedict, Shields, and O'Donnell, "Children's 'Euthanasia' in Nazi Germany," 506–16. For more on nurses see: Antje, Wettlaufer "Die Beteiligung von Schwestern und Pflegenden an den Morden in Hadamar," in *Psychiatrie Im Faschismus: Die Anstalt Hadamar 1933-1945* ed. Dorothee Roer and Dieter Henkel (Bonn: Psychiatrie-Verlag, 1986), pp. 283-330; Christoph Schweikardt, "The National Socialist Sisterhood: An Instrument of National Socialist Health Policy," *Nursing Inquiry* 16, no. 2 (June 2009): 103–10. For more on psychiatrists see: Roer and Henkel, *Psychiatrie im Faschismus*. For more on social workers see: David D. Barney, and Lisa E. Dalton, "Social Work Under Nazism: An Analysis of the 'Profession-in-the-Environment,'" *Journal of Progressive Human Services* 17, no. 2 (June 16, 2006): 43–62.

<sup>210</sup> Heberer, *Exitus Heute in Hadamar*, 160; 198.

<sup>211</sup> Benno Gammerl, "Emotional Styles: Concepts and Challenges," *Rethinking History* 16, no. 2 (June 2012): 164.

institutionalized their children because they put their trust and hope in state policy and the medical community to make the best decision on their behalf. The testimonies compiled for the Ansbach and Frankfurt am Main courts highlight that a significant number of parents claimed to be a part of this category. Of the 137 testimonies, approximately fifty-one explicitly discussed reasons for accepting institutionalization. It is also important to note that nearly all of the other testimonies allowed their child to be institutionalized, except for the few who consented or resisted and those parents whose children were reported but never institutionalized. The only difference was that the wording and explanations given in these testimonies places the onus for commitment on health officials rather than the parents stating a reason why they themselves allowed it. It is important to analyze the use of language in these parents' testimonies as there are types of thought that are outside of but intimately involved with our speech. Emotions are the link between the two. When emotions are translated from thought to speech, they interact dynamically with what is said about them.<sup>212</sup> This is particularly true for the parents interviewed here. The emotions behind the language used by parents of children's euthanasia victims convey the message that parents were emotionally invested in their children but rather than resist the state-prescribed norm, they often believed it was best for all involved to accept the status quo. While this may have been the case in other eras of German institutional history, under Nazism, the sentiment heightened.

For parents with disabled children in the mid-twentieth century, the aim that arose quite often in parental testimonies seemed to be the search for a cure to their child's ailments or at the very least a treatment to ease the symptoms. The Ansbach and

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<sup>212</sup> Reddy, *The Navigation of Feeling*, 64.

Frankfurt am Main investigations highlight that parents were continually seeking out any medical professionals for advice and treatment regarding their sick or disabled children. Moreover, during the Nazi period, health care for growing children was monitored and mandated to regulate who was “fit”. This included regular medical exams as well as maternal counselling.<sup>213</sup> Parents did not question the constant surveillance of their child as they were emotionally invested in the health and happiness of their child, especially if they were disabled. In fact, NSV advice centres grew in popularity throughout the late 1930s, even the ones only offering household, nutritional, and family advice. Lisa Pine indicates in her book on family policy that in 1936, 2,824,932 people visited one of these institutions, but by 1937, that number had grown to 3,274,049 people.<sup>214</sup> Additionally, the promotion of the *kinderreich* (rich in children) families is another example of the National Socialists invading both the private sphere and ideas of health. The state created policies and employed existing organizations, such as the *Reichsbund der Kinderreichen* (National League of Large Families) that promoted large but racially valuable families while stigmatizing childless couples or families with only one or two children.<sup>215</sup> The Nazis were attempting to reshape the family sphere. They did so by restructuring society, and the family by extension, around the racial goals that promoted their ideology.

Parents were particularly drawn to the medical and advice options that were being provided by the Nazi state. Elizabeth Füchter reinforced this when she stated “I have been to many doctors with the child, but always without success... I spared no effort and

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<sup>213</sup> Pine, *Nazi Family Policy*, 31.

<sup>214</sup> Pine, *Nazi Family Policy*, 34.

<sup>215</sup> Pine, *Nazi Family Policy*, 88; Lisa Pine, *Hitler's “National Community”: Society and Culture in Nazi Germany* (London: Hodder Arnold, 2007), pp. 119; 125. However, the *kinderreich* did not actually increase the number of families with four or more children since the government was unwilling provide financial incentives sufficient to compensate for having more children.

expense to keep the child healthy, but it was all in vain.”<sup>216</sup> The phrase “spared no effort and expense” is vital here. It insinuates that Füchter continually sought out professional advice because she cared so much about the wellbeing of her child. She only wanted to heal the child so they could have a “normal” life. It also demonstrates that some parents even went as far as visiting doctor after doctor or seeking out professionals in other cities, particularly if previous physicians had indicated that there was no way to heal their child.<sup>217</sup> They were unwilling to accept that there was no cure. Additionally, mother Anna Kneidl said her child “was admitted to Ansbach only to cure his suffering.”<sup>218</sup> The word “only” suggests that she was under the impression that her child could not receive the necessary treatment and care at home or by local physicians. Thus, to cure her son, she did the only thing available to her: admitting him to Ansbach. The word also suggests that she was reluctant to admit her child but that the prospect of a cure convinced her.

Parents did not want to feel or accept that there was no treatment for whatever suffering they believed their child to endure.<sup>219</sup> As Safford and Safford maintain, parental advocacy to seek answers and benefits for their children is what bolstered the institutionalization movement in the first place. Parents brought their children's so-called deficiencies to the medical and public eye. Institutions were, in turn, created and

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<sup>216</sup> Interrogation of Elizabeth Füchter, 9 May 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>217</sup> Interrogation of Elizabeth Füchter, 9 May 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Interrogation of Anna Kneidl, 25 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 1; Interrogation of Magarethe Nickel, 11 July 1948, Folder 364, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>218</sup> Interrogation of Anna Kneidl, 25 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2.

<sup>219</sup> For a couple more examples see: Interrogation of Albert Fetzer, 12 June 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1; Interrogation Friedrich Walz, 3 August 1948, Folder 364, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

promoted, and then the indication of the highest quality of treatment convinced parents.<sup>220</sup> Just as in the previous chapter, parental concern grew out of the notion that their child was suffering. The difference here was that parents sought to “release” their children through medical healing not death.

In this sense, the National Socialist government carefully crafted the euthanasia program to play upon the emotions and answers that parents were already seeking out. They realized that if advertised and promoted correctly, families might be willing to send their children to state facilities without substantial intervention. As Burleigh argues, the advance of patient care had the potential to be “an instrument of social control.”<sup>221</sup> This was particularly true during the Nazi period as more and more medical professionals practiced or believed in eugenic policies because, as Lars Grue contends, parents were willing to entrust the care of their disabled or sick children with medical professionals based on the concept that the role of doctors and nurses is to save lives. Parents, therefore, have the belief that individuals who work in medical fields will do anything and everything possible to ensure their child has the proper care needed to not only survive but thrive.<sup>222</sup> However, under National Socialism, health professionals viewed the society as a biological organism in need of medical attention, which led to a shift in medical devotion from individual patients to what was best for the nation as a whole.<sup>223</sup> David Deutsch mentions how the work of Klaus Dörner also found a connection between empathy in medical professions and conceivable violence. Consequently, Deutsch argued that empathy was actually “colorless” but productive when national ideologies merged

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<sup>220</sup> Safford and Safford, *A History of Childhood and Disability*, 277.

<sup>221</sup> Burleigh, *Death and Deliverance*, 62.

<sup>222</sup> Grue, “Eugenics and Euthanasia,” 11.

<sup>223</sup> Bryant, *Confronting the “Good Death,”* 25.

with medical reasoning.<sup>224</sup> Therefore, with rising belief in eugenic policies within science and the trust that parents were placing in medicine and those who practiced it, it was relatively easy for the National Socialist party to enact their plans.

Once the disabled were within private state institutions, the organizers of National Socialist euthanasia and Nazi medical professionals could sanction their euthanasia tactics away from the prying eyes of loving parents. Therefore, the National Socialist government told the public that institutions, such as Ansbach, Eichberg, and Hadamar, could provide mentally or physically disabled individuals with the most advanced therapeutic and scientific treatments.<sup>225</sup> As Scholz and Singer argue, there was a secret decree that accompanied the promotion of these pediatric units. The local health authorities were to inform parents of possible treatments within their local facilities, even suggesting that success may be a possibility in situations that physicians previously deemed hopeless.<sup>226</sup> The goal was to make it seem *as if* these children would be healed with the newest treatments to convince parents to send their children in the hope of relief or even a cure. In reality, the children were killed.<sup>227</sup>

For the most part, this Nazi tactic worked quite well. This was partially due to the abovementioned trust that Western societies already had in the medical fields.<sup>228</sup> The testimonies demonstrate that parents willingly took advice from doctors and sometimes even nurses on the treatment of their child, especially if the suggested prognosis was positive. In a letter to the Grieb family, the medical officer of the State Health

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<sup>224</sup> Deutsch, "Immer Mit Liebe," 4-6.

<sup>225</sup> Friedlander, *The Origins Of Nazi Genocide*, 47.

<sup>226</sup> Runderlaß of the Reich Interior Ministry of 1 July 1940, quoted in Scholz and Singer, "Die Kinder in Hadamar," in *Psychiatrie im Faschismus*, p. 218.

<sup>227</sup> Lifton, *The Nazi Doctors*, 54.

<sup>228</sup> Grue, "Eugenics and Euthanasia," 11.

Department Crailsheim assured them that the child received the best care and the most modern therapy available.<sup>229</sup> Even more specific than that, Johanna Zapf recalled that it was the promise that her child would learn to walk in the time frame of no more than half a year that convinced her the institution Ansbach was the best place for her child.<sup>230</sup> The advertisement of the “newest” “most modern” treatments catered to parental fears that their children were not normal and healthy by suggesting that perhaps there was a solution. Promises to cure or treat parents’ fears was all that was needed for some to institutionalize their child- just a chance at a normal life.

However, it was not only the hope of better medical treatment that convinced parents to go along with Nazi institutionalization. Acceptance also arose from the notion that the disabled child could receive better care in a facility than at home. This idea developed in a variety of ways including mothers who were home alone with the fathers gone to war, other children/siblings to care for, the mother being pregnant, other sick members of the family, or even the age of the caretaker. All of these situations made it difficult for relatives to care for the disabled member of their families. The extra work that was required meant that something else in the family’s life would be neglected or that the families could not cope with the extra duties required, and therefore, the suggestion to institutionalize their child actually came as a very reasonable solution.

The Frankfurt am Main and Ansbach investigation files demonstrate that disabled children with fathers’ serving as soldiers of the Reich would often end up in institutions.

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<sup>229</sup> Letter of the Medical Officer of the State Health Department Crailsheim to the Grieb Parents, 6 February 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>230</sup> Interrogation of Johanna Zapf, Undated, Folder 233, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

Thomas Kühne states that during the Second World War, the Wehrmacht drafted seventeen million German men. Of those men, a little over five million died.<sup>231</sup> That meant there were many families without their male figurehead for large portions of the Second World War or even permanently. The fathers that gave testimony and enlisted or were drafted by the Wehrmacht mentioned that they were gone nearly the entire war and only came home a few times on holiday leave.<sup>232</sup> In his interview, Josef Kraus revealed that after being drafted, he never saw his stepson again and was only informed by writing of his death.<sup>233</sup> Similarly, Matthias Müller received only three days special leave to attend the funeral of his son Willi.<sup>234</sup> It becomes evident from testimonies such as these that fathers that were soldiers had almost no direct contact with the care of their child throughout the war. Additionally, they had to rely on their spouses, parents, or sometimes the institutions to get news regarding their children. Michelle Mouton argues that this is due to the de-emphasis of fatherhood under Nazism. Rather than being a paternal figure, Nazi men were portrayed as breadwinners instead.<sup>235</sup> During the conflict, men were supposed to feel pride in fighting for the Reich and through that role, keeping their wives and children safe. However, that same role prevented the fathers from engaging in the familial emotions of raising a child (disabled or not), making the decisions for that child's care and future, and even openly grieving a possible death. The war complicated the role of the father as the caretaker of his family.

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<sup>231</sup> Thomas Kühne, "Protean Masculinity, Hegemonic Masculinity: Soldiers in the Third Reich," *Central European History* 51, no. 3 (September 2018): 404.

<sup>232</sup> Interrogation of Otto Emil Munz, 13 March 1948, Folder 367, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>233</sup> Interrogation of Josef Kraus, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

<sup>234</sup> Interrogation Matthias Müller, 17 August 1963, Folder 87, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>235</sup> Mouton, *From Nurturing the Nation*, 117; 124.

With so many men absent, even more of the work fell to women. They became burdened as they were no longer responsible only for household and child-rearing duties but also anything that needed to be tended to while the husband was away. This meant that for many women caring for a disabled child as a temporarily single parent, it could be too much. Moreover, as Safford and Safford state, children could become a liability if they did not receive the proper supervision and care, particularly in large families with other children.<sup>236</sup> Therefore, families turned to institutionalization. Friedrich Babel stated that while he was away, his wife Lina had to tend to the farm alone.<sup>237</sup> Lina added that on top of running the agricultural estate, she also had four children to care for including her disabled son Ernst. She maintained that with the extra work, it was too much of an overload, so she applied for Ernst's admission to a state-run institution.<sup>238</sup>

It is also worth noting that Friedrich agreed with the commitment because he thought the child would have been a "special burden" for his wife.<sup>239</sup> The use of the word "burden" is particularly telling here as it indicates the physical and emotional toll that Friedrich believed his wife to have endured. He also indicates that it was a toll that came at too high a cost. The combination of the extra agricultural work that Lina was expected to undertake and the fact that she still had to care for her four children was physically and emotionally draining. That meant that the family had to reach a compromise of some kind. In the case of the Babel family, that meant sending their child to one of the institutions that the National Socialist government was promoting for disabled

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<sup>236</sup> Safford and Safford, *A History of Childhood and Disability*, 66.

<sup>237</sup> Interrogation of Friedrich Babel, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

<sup>238</sup> Interrogation of Lina Babel, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 1.

<sup>239</sup> Interrogation of Friedrich Babel, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

individuals like their son. Not only would this relieve Lina of some of her emotional and physical stress, but they also believed their son would have more attention and care.

As hinted at in the Babel case, another reason that led many parents to agree to the institutionalization was the focus on other “healthy” siblings. This was particularly prevalent due to the Nazi propaganda that juxtaposed the healthy against the unfit. At a rally in Nuremberg, Hitler made his views on disabled individuals very explicit. He exclaimed: “if Germany was to get a million children a year and was to remove 700,000 to 800,000 of the weakest people, then the final result might even be an increase in strength.”<sup>240</sup> Here, Hitler outlined that the weakest people in society are the cause of Germany’s loss of strength, and therefore, the nation needs to find a way to combat them. It also established the view that healthy children have more value than unfit ones. Moreover, Nazi propaganda focused on how money spent on the genetically ill took away funds from good German families and children. The government made sure that the *Volk* knew that even though it was the government that paid for the care of disabled populations, the cost was actually born by the healthy German families since that money was not used to their benefit.<sup>241</sup> One handbook for Hitler Youth pointed out that the enormous sums the government spent on the unhealthy meant that the state could not use those funds to build housing developments, swimming pools, sports fields or even kindergartens.<sup>242</sup> The National Socialists extended the same idea to the nuclear family.

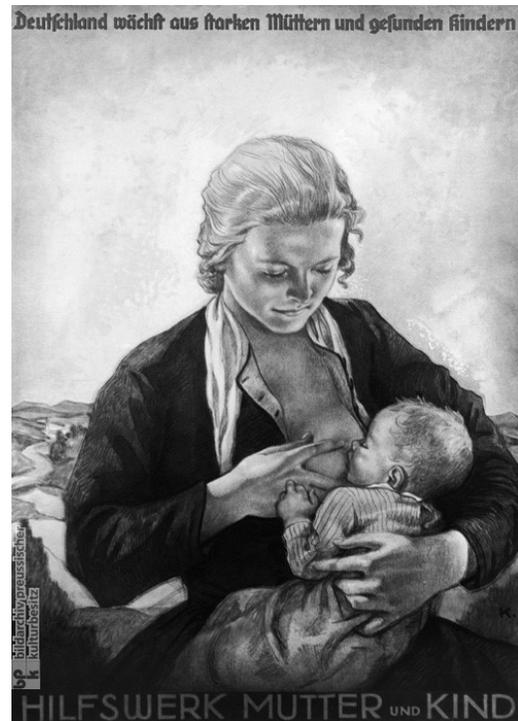
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<sup>240</sup> Hitler's Speech to the Nuremberg Party Rally on 5 August 1929, cited by Burleigh and Wippermann, *The Racial State*, 142.

<sup>241</sup> Karl Bareth and Alfred Vogel, *Erblehre und Rassenkunde für die Grund- und Hauptschule*, 2nd edition (Bühl-Baden: Verlag Konkordia, 1937). Accessed 25 March 2019: <https://research.calvin.edu/german-propaganda-archive/erblehre.htm>.

<sup>242</sup> Bennecke, *Vom deutschen Volk und seinem Lebensraum*.

The propaganda posters of the *Hilfswerk Mutter und Kind* (Mother and Child Relief Agency) can demonstrate the extreme focus on the healthy. **Figure 2** is an example from the organization in 1935. The image depicts a young healthy-looking, presumably Aryan woman, nursing a young child. The image itself gives the viewer the impression the woman is of strong working-class background as her clothing is simple and the rolling German countryside lies in the background. However, it is the caption that details the exact message of this propaganda. It states, "Germany grows through strong mothers and healthy children."<sup>243</sup> It is was impressed upon women from the start of the Nazi era that motherhood was vital to the continuation of Germany and the Aryan race. They were a part of "child-bearing front" or the "birthrate



**Figure 2- Germany Grows Through Strong Mothers And Healthy Children.** "Germany Grows Through Strong Mothers And Healthy Children" Propaganda Poster by Hilfswerk Mutter und Kind, 1935, Germanhistorydocs.Ghi-Dc.Org, [http://germanhistorydocs.ghi-dc.org/sub\\_image.cfm?image\\_id=2045&language=english](http://germanhistorydocs.ghi-dc.org/sub_image.cfm?image_id=2045&language=english).

battle." The Nazis glorified the role of motherhood in a sense.<sup>244</sup> But only a specific type of motherhood.<sup>245</sup> As Gisela Bock reasons, the Nazis only wanted the eugenically fit to

<sup>243</sup> "Germany Grows Through Strong Mothers And Healthy Children" Propaganda Poster by Hilfswerk Mutter and Kind, 1935, Germanhistorydocs.Ghi-Dc.Org, [http://germanhistorydocs.ghi-dc.org/sub\\_image.cfm?image\\_id=2045&language=english](http://germanhistorydocs.ghi-dc.org/sub_image.cfm?image_id=2045&language=english).

<sup>244</sup> "Germany Grows Through Strong Mothers And Healthy Children" Propaganda Poster by Hilfswerk Mutter and Kind, 1935, Germanhistorydocs.Ghi-Dc.Org, [http://germanhistorydocs.ghi-dc.org/sub\\_image.cfm?image\\_id=2045&language=english](http://germanhistorydocs.ghi-dc.org/sub_image.cfm?image_id=2045&language=english).

<sup>245</sup> For more on expectations for Nazi mothers see: Elizabeth D. Heineman, "Whose Mothers?: Generational Difference, War, and the Nazi Cult of Motherhood," *Journal of Women's History* 12, no. 4 (Winter, 2001): 138-63.

reproduce, and therefore, they received incentives to marry and have children while the state penalized those outside that category through methods such as marriage restrictions and sterilization.<sup>246</sup> Because, as the caption outlined, Germany only wants strong mothers who can provide healthy children. The implication is that mothers are only valued if they produce healthy children as unfit children are not only unwelcome but a hindrance to the state. This is the type of propaganda that caused a stigma surrounding families with disabled children as they were “failing” to prescribe to the norm within society.

If parents, particularly mothers, spent too much time, effort, and emotion tending and caring for a disabled child, then they were neglecting their healthy children and in doing so, not raising them properly. Within the constrained emotional sphere of National Socialist Germany, it was not acceptable and was, in fact, deviant, if parents invested in disabled children at what the state saw as the expense of the healthy population.

Margarete Germar of Göppingen made it clear in her testimony that under National Socialism “the greatest emphasis” was placed upon the idea that everything must be done “for the good of the healthy children.”<sup>247</sup> She stated this as the reason that she committed her disabled son Rudolf. Similarly, Margarete Seitz maintained that she was convinced by a sister from the state health department to institutionalize her Lotte since it would be better for her other seven children not to be around a disabled child.<sup>248</sup> The same line of thinking often occurred when mothers of disabled children became pregnant. Pauline Hirth admitted that when she discovered she was pregnant with her second child, she

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<sup>246</sup> Gisela Bock, "Racism and Sexism in Nazi Germany: Motherhood, Compulsory Sterilization, and the State," *Signs* 8, no. 3 (1983): 406.

<sup>247</sup> Interrogation of Margarete Germar, 10 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 3.

<sup>248</sup> Interrogation of Margarete Seitz, No Date Given, Folder 233, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2.

agreed to transfer her son Hans to Eichberg as sister Gretel of the Health Department Böblingen suggested. She maintained that she only did so because Hans could be abusive and, in her condition, she could not expose herself and the unborn child to such risk.<sup>249</sup>

Here, the notion of the healthy versus the unfit prevailed. All of these mothers agreed with the Nazi state and medical vision that they should be putting their efforts and emotions into the care of their healthy children, even if they did so reluctantly. The emotional regime of the National Socialists deemed motherly emotions as acceptable, but only when aimed at fit and healthy children. As a result, institutionalization seemed like the right solution for families with disabled children. Parents could care for their healthy children while being relieved of the guilt that they may have felt neglecting either their healthy children or their disabled child. Additionally, there was an emotional burden carried by families with disabled family members, particularly as the stigma of “racial disgrace” became associated with these families.<sup>250</sup> Therefore, institutionalizing the child allowed families to distance themselves from the degradation. Notions of relief were then reinforced by the fact that parents were under the impression that state facilities provided the best and newest treatments and care.

Taking the discussion of care and appropriate emotional communities further, other examples arise that led relatives to agree with or accept institutionalization. As discussed earlier in this chapter, it was suitable to invest emotionally in the care of an individual who had previously been fit and stood a chance of recovery, especially in comparison to a child with a heritable illness. That was because productivity was key

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<sup>249</sup> Interrogation Pauline Hirth, 3 August 1948, Folder 364, Landespolizei Württemberg-Hohenzollern Abt. 63 1a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1-2.

<sup>250</sup> Michalsen and Reinhart., “‘Euthanasia’: A Confusing Term,” 1307-08.

under National Socialism. A sick individual had a chance of becoming a capable citizen again whereas a mentally or physically disabled child did not according to views at the time.<sup>251</sup> Pauline Lolk stated that she contacted the state health department when her husband fell ill because she could not continue to care for her child as well as a sick husband. She felt that her efforts were best spent on the recovery of her spouse, while she could transfer the care of her child to an institution.<sup>252</sup> Again, this is an instance of prioritizing the care of a non-disabled person in favour of an individual that did not exhibit those same traits. But beyond illness, discussions of care also extended to age. In a few rare cases, grandparents of disabled children also testified for court investigations. Katherine Hähnle shared responsibility for the care of her grandchild Kurt with her daughter Emma. A local youth nurse convinced Hähnle that due to her age and Emma working fulltime outside the home, Kurt was not getting the required care. This statement likely caused Hähnle emotional turmoil as she thought about the value or harm that keeping the child at home could cause him. In the end, Hähnle agreed with the institutionalization because she believed that a facility could take care of Kurt better than her.<sup>253</sup> Her belief in the state's vision of medicine allowed her to accept the nurse's suggestion. These are ideal examples of relatives prescribing to the acceptable Nazi emotional community.

Nevertheless, some parents testified that they were not initially willing to accept the state's vision and had to be coerced into agreeing to institutionalization. As Eley

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<sup>251</sup> Heberer, "Targeting the "Unfit," 51.

<sup>252</sup> Interrogation Pauline Lolk, 9 May 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 3-4.

<sup>253</sup> Interrogation of Emma and Katherine Hähnle, 11 June 1948, Folder 366a, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1-3.

argues, since the Nazi state infiltrated aspects of German life, including leisure, social spheres, and the nuclear family, they utilized tactics of force and reprisals. He stated, “readiness to go along with the regime’s demands always presumed recognizing its capacity for violence.”<sup>254</sup> Citizens, especially parents, quickly came to realize that in order to be a 'good' German while simultaneously a Nazi subject, they would need to recognize that the Nazis could be dangerous and act accordingly. As Reddy contends, the prospect of harsh punishments because of the conflict that occurs with the emotional regime’s norms when deviant behaviour occurs causes heightened emotional responses to normative emotives as soothing and even pleasurable.<sup>255</sup> Therefore, the threat of reprisals often led citizens to lean more heavily on normative actions and feelings. That feeling of risk versus safety especially extended to the private, emotional sphere of the home. In the case of euthanasia, the threat that loomed over parents with a disabled child was that of the removal of custody rights. It was no longer seen as acceptable during the Nazi period to keep a child at home simply because the parents would rather take on the care themselves where they knew the child would be with those individuals who loved them the most. Similar ideas occurred in other areas of Nazi life, such as the evacuation of children from bomb threatened cities. While the state portrayed evacuation as the safest and best option, just as they did with institutionalization, some parents believed sending their children away from their homes to the countryside would actually cause more harm than good and refused to comply.<sup>256</sup>

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<sup>254</sup> Eley, *Nazism as Fascism*, 44.

<sup>255</sup> Reddy, *The Navigation of Feeling*, 125.

<sup>256</sup> Mouton, “The Kinderlandverschickung,” 194.

However, unlike parents who refused to evacuate their children, the threat of removal was ever-present, either explicitly or implicitly, for those parents who attempted to thwart officials. It was always agents of the state, such as Nazi doctors, nurses, and sisters, that made the threat known in cases of euthanasia. When parents attempted to defer institutionalization or even refuse it, the Reich's Committee on the Scientific Recording of Genetic and Hereditary Diseases/Suffering empowered district offices' to inform parents that continued uncooperative behaviour could lead to a withdrawal of custody rights.<sup>257</sup> Officials often gave parents a very short time frame, perhaps a week, to comply with the prescribed emotional and behaviour actions regarding institutionalization or the Nazi officials would take matters into their own hands.<sup>258</sup>

Parents who experienced this type of threat stated that health officials also made appeals for relatives to be emotionally rational with their decisions. Ewald Illig testified that at a regular child examination he was told by a Dr. Geisel that his child Marianne must be sent to the institution Eichberg and there was nothing he could do to prevent it "since in the interest of public health this child must be sent to Eichberg."<sup>259</sup> Here it is clear from the phrase "interest of public health" that the doctor was trying to make it clear to Illig that his emotional connection to Marianne was unacceptable if it placed the health of the entire nation at risk. The public had greater importance than that of one individual or their feelings.<sup>260</sup> Similarly, at a regular vaccination event, Dr. Dorner of Mergentheim, told Friedrich and Babette Jacob that they should place their son Herrmann

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<sup>257</sup> Letter from District Inspector to the State Health Department on Brecheler, 22 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>258</sup> Letter from State Medical Officer to Rosina Brecheler, 30 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>259</sup> Interrogation Ewald Illig, 7 June 1948, Folder 367, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>260</sup> Adolf Hitler's statement cited in Evans, *Forgotten Crimes*, 21.

in Eichberg. Upon hearing that the Jacobs' wished to keep their child at home, Dr. Dorner said they "would be to blame for the misery of [their] child."<sup>261</sup>

By using the words "blame" and "misery," Dr. Dorner made the Jacobs' question their decision by insinuating that they were bad or unfit parents. These word choices likely induced feelings of uncertainty and guilt in Friedrich and Babette. The Jacobs were experiencing a form of emotional suffering as their options seemed to be in conflict. Would it actually be best for the child at home? Could they be responsible for their son's suffering by doing so? They could no longer be certain that their home was the right place for Herrmann. Clearly, this tactic worked. Jacob stated that the next time they received a request to bring the child to Eichberg, they did not refuse.<sup>262</sup> Again, this also demonstrates that even in cases of parents reluctant to institutionalize, parents often chose to place their trust in Nazi medical professionals, despite their doubts, because they felt it was the better or only option. Perhaps, the doctors did know best. Furthermore, how could they ensure the proper care of their child if they no longer had custody rights?

As with the earlier discussion of how German propaganda negatively outlined the funds spent on the unfit in society, the cost of care also factored into the decisions that families made regarding whether or not they would agree to institutionalize their child. While publicly, the Nazi party condemned the costs of caring for society's unfit, privately they needed parents to send their disabled children to facilities or euthanasia could not occur. Therefore, the state was willing to pay for institutionalization for those families that could not afford the care themselves or for those parents that needed convincing. In a

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<sup>261</sup> Interrogation Friedrich Jacob, 10 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>262</sup> Interrogation Friedrich Jacob, 10 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

letter from the Reich's Committee on the Scientific Recording of Genetic and Hereditary Diseases/Suffering to the State Health Department Crailsheim, the Reich's Committee wrote "If the guardians have concerns about costs, ... the Reich committee is ready, on request and if necessary, to take over the costs for stay, meals, and medical care from foundation funds."<sup>263</sup> The words "concern" and "if necessary" insinuate that the Reich's Committee was aware that some parents would not agree to send their child from home because the cost was an inhibiting factor. As a sort of incentive, they sought to convince parents that institutions were the best place for their children by offering to cover the full or partial cost of care. In a sense, the National Socialists capitalized on their own argument that disabled children could be a financial liability to convince parents that if they institutionalized their child, the cost of that liability would fall to organizations of the Nazi state rather than them.<sup>264</sup> This could be seen as a form of emotional navigation that Nazis used to get parents to consider which option was best for their child: keeping them at home or allowing the state to bear that burden in return for care.

This tactic actually worked. The father of Alfons Kleck initially told Nazi officials that he would not agree to the send his child to a facility because he could not bear the expense of the accommodation, food, and treatment as he did not "have enough resources" to pay for institutionalization and the care of his other healthy children.<sup>265</sup> Yet, once the State Health Department Friedrichshafen informed the Kleck's that the first four months of the child's stay would be covered, the child was soon placed in Elgging-

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<sup>263</sup> Letter from the Reich's Committee on the Scientific Recording of Genetic and Hereditary Diseases/Suffering to the State Health Department Crailsheim, 3 February 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>264</sup> Safford and Safford, *A History of Childhood and Disability*, 66.

<sup>265</sup> Letter of a Medical Officer to the Reich's Committee on the Scientific Recording of Genetic and Hereditary Disease/Suffering, 13 March 1942, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

Haar.<sup>266</sup> It is clear that only the costs of institutionalization inhibited the Kleck family from admitting their son. Also, it is worth noting that it was not only the Reich's Committee that helped cover the cost of care. In some instances, the costs were born by the family aid of the German army if the father was serving, local health insurance, or state health insurance.<sup>267</sup> The fact that the various national and local institutions of the Nazi state were so willing to provide “aid” to families with disabled children is another reason that parents saw as it as safe and therefore, placed their trust and their child’s life in their hands of the state.

For whatever apparent reasons that parents committed their child to a Nazi institution, underlying the decision was often attitudes and feelings that the Nazis instilled through propaganda. One in particular, as discussed in the previous chapter, was the so-called threat of hereditary illness and the unfit in society. The testimonies gathered by the local police often touched on the fact that parents felt the need to justify the disability or illness of their child as an anomaly. One that did not affect the rest of the family. This was because, in order to be considered one of Germany’s ideal citizens and reap the benefits of said status, individuals and families had to prove the validity of their hereditary health. If the state found them wanting, that could affect every aspect of their lives negatively.<sup>268</sup> Margarete Germar felt the need to indicate to the police that none of her ancestors, her husband’s, or their other four children were “afflicted with any

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<sup>266</sup> Letter of a Medical Officer to the Reich’s Committee on the Scientific Recording of Genetic and Hereditary Disease/Suffering, 10 April 1942, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>267</sup> Interrogation of Ingeborg Höfler, 9 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2; Interrogation of Johanna Pastoors, 5 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 4.

<sup>268</sup> Pine, *Nazi Family Policy*, 3; 38.

hereditary disease.”<sup>269</sup> Wilhelm Melchior and Fidel Rösler recall that their wives were incredulous that they had given birth to a disabled child since their previous children were healthy.<sup>270</sup> Anna Kleck wanted it known that despite her disabled child Alfons, her physician had stated that she was capable of giving “birth to healthy children again” following the birth of three other children who were all fit.<sup>271</sup> Moreover, Ursula Gimborn went as far as stating “In the Gimborn family there are no mental patients!”<sup>272</sup>

These examples indicate that families with disabled children attempted to salvage their status in society by proving to investigators that the disease was a fluke rather than a reoccurring event. Words and phrases, such as "afflicted," "healthy again," and "no mental patients," highlight how some parents felt about the disabled community at large. While this may not necessarily reflect how they viewed their own children, it suggests they still viewed disability with stigma. It may even suggest feelings of shame for now being associated with that community. However, it also demonstrates that even after the war, eugenic ideas of degeneration and the hereditary threat were still present and perhaps even prevalent. Even though the Nazis had been out of power and their policies had been abolished for approximately three years, or even eighteen in the case of Gimborn, threads of Nazi policy were still present enough that parents felt the need to justify their actions and feelings. Oddly parents were still trying to fit themselves and

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<sup>269</sup> Interrogation of Margarete Germar, 10 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 1.

<sup>270</sup> Interrogation of Wilhelm Melchior, 11 June 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Interrogation of Fidel Rösler, 9 June 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>271</sup> Interrogation of Alfons and Anna Kleck, 22 June 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>272</sup> Interrogation of Ursula Gimborn, 3 July 1963, Folder 87, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

their families within the acceptable norms of the Nazi emotional regime. As mentioned in the previous chapter, these prevailing attitudes are likely a result of the lack of recognition for disabled individuals and the continuation of eugenic ideas in the postwar climate of the trials.

In the aforementioned examples, two main themes emerge amongst the myriad of reasons that parents gave to postwar investigators as to why they placed their child in a state-controlled facility. The first being the trust that individuals placed in the organizations, officials, and policies of the Nazi state as well as the medical profession to do what was morally best for their children and the people, and the second being the responses to what was emotionally acceptable under the Nazi regime. Yet, it is absolutely crucial that one recognizes that accepting the institutionalization of a disabled child in no way equated to consenting to euthanasia in the majority of cases. The examples from the previous chapters were anomalies because while these two things were just steps in the Nazi plan to achieve the removal of the unfit, most parents knew absolutely nothing about the program and would not have agreed to such measures. When interviewers asked parents if they knew anything about euthanasia, parents fervently made it known that they had no knowledge of the Nazi plans and that they would never have institutionalized their child let alone agreed to euthanasia had they been aware. However, it is worth mentioning that many stated that there was no evidence that said euthanasia took place in the case of their child.<sup>273</sup> Even though parents learned about the euthanasia

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<sup>273</sup> For some examples see: Interrogation of Theresia Richter, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 3; Interrogation of Rosa and Hans Neubauer, 6 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 4; Interrogation of Johanna Pastoors, 5 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 4.

program during the postwar, in instances such as the trials, many were in denial regarding the part that their family had in the history. Hiledgaard Voortmann, in particular, told investigators "I am of the opinion, that my child as a result of this illness died naturally. The child was simply not viable" while Rosa Neubauer stated "I have no evidence that my child has been euthanized in Ansbach... In my opinion, our child was actually ill and died normally."<sup>274</sup> The words "naturally" and "normally" stick out. They insinuate that even with the knowledge that parents had during their postwar interviews, they still were unwilling to believe that the state killed their children. They would rather believe by some fluke chance their children were not a part of the program. This could be due to the feelings of guilt or shame associated with allowing their child to be institutionalized. Perhaps, they did not want to face the role (although unknowingly) that they had in their child's death.

It is difficult to discern exactly how these parents would have reacted had they discovered the euthanasia of their child before the end of the Second World War. Their testimonies tell readers that most parents condemned Nazi actions. Nevertheless, we know from the previous chapter that it was possible for parents to discover the program and consent to the idea of euthanasia. Therefore, it is probable that parents of disabled children could have lied or withheld information from investigators, notably if they included incriminating memories or were trying to prove they were not responsible. However, Bergeron maintains interviews can sometimes be one of the best sources of

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<sup>274</sup> Interrogation of Rosa and Hans Neubauer, 6 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 4; Interrogation of Hildegaard Voortmann, 2 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2.

information that investigators and historians have regarding the topic.<sup>275</sup> In the case of euthanasia, with the survival rate of victims being virtually nothing and the fact that society often sees disabled individuals as being incapable of being agents of memory, parents provide the next best source of information for a cultural history of euthanasia.<sup>276</sup>

Under the National Socialist state, the views on disability and institutionalization promoted a singular vision that encouraged society to see placing disabled individuals in state-run facilities as normal. The majority of parents with disabled children did accept this vision. The parents that testified for the Frankfurt am Main and Ansbach court cases recounted the specific reasons that led them to accept institutionalization, which included better treatment, a search for a cure, fathers absent as soldiers, prioritizing healthy children, the age of the caretaker, threat of removal, cost of care, and even the stigma of disability. Parents seem to have made their choices based on these factors alongside their belief in the state and medical profession, and their desire to prescribe to the acceptable emotional behaviour of the Nazi regime. However, while these reasons were justifications parents commonly used to commit their children, they were not permission for the Nazi state to euthanize. There was a crucial difference in that the parents knew nothing of the euthanasia when they accepted institutionalization and therefore could not give consent to its application. For these parents, it was simply about who could provide the best care under the current circumstances. For other parents, however, the state institutionalization was not what their children needed, and they opposed this vision both in recollections of their actions under Nazism as well as in the postwar period.

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<sup>275</sup> Bergerson, *Ordinary Germans*, 121.

<sup>276</sup> Knittel, *The Historical Uncanny*, 23; 45.

### **Chapter Three- Parental Opposition: Emotional Script, Memory, and Justice**

“If I am asked about it today, which position I took then, I can only say that I condemn this kind of a possible euthanasia of my son... If I had known that the death of my son occurred under no normal conditions, I would have taken my son back to me. So I can only conclude that I would always have been hostile to this point.”<sup>277</sup> Under National Socialism and the euthanasia program, this statement by a parent of a euthanasia victim named Georg Sommer, about his opposition and hostility to the idea of euthanasia is particularly salient. Even though Nazi euthanasia was kept a secret from the public, some parents, siblings, and grandparents unknowingly or overtly opposed the program due to their emotional, familial ties which consequently became a major point of discussion during postwar trials against perpetrators of Nazi crimes.<sup>278</sup> These testimonies could be interpreted as cultural scripts of traumatic stress. As outlined by Chentsova-Dutton and Maercker, these scripts in a cultural framework act as an outline for how individuals discuss their trauma and in culturally explicit ways. In other words, the parents who experienced the trauma of a child dying by euthanasia filtered their thoughts, memories, emotions, behaviours, and coping attempts in their postwar testimonies in accordance with what they deemed most meaningful, what was most appropriate to

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<sup>277</sup> Interrogation of Georg Sommer, 25 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 3.

<sup>278</sup> “the concept of resistance must comprise all that was done despite the terror of the Third Reich, despite the suffering and martyrdom, for the sake of humanity, for the aid of the persecuted. And the word resistance in some cases applies, too, to certain forms of standing aside in silence.” H.A. Jacobsen, *Germans Against Hitler*, as cited in *Resistance and Conformity in the Third Reich*, by Martyn Housden (New York: Routledge, 1997), p. 162.

“Opposition—a wider concept comprising many forms of action with partial and limited aims, not directed against Nazism as a system and in fact sometimes stemming from individuals or groups broadly sympathetic towards the regime and its ideology.” As cited in Ian Kershaw, *Popular Opinion and Political Dissent in the Third Reich, Bavaria 1933-1945* (New York: Oxford University Press, 1983), pp. 2-4.

discuss, and what would elicit the most support.<sup>279</sup> Each parent who claimed to have voiced opposition to Nazi eugenic practices did so for differing motives and objections, and the motivations and effectiveness of their resistance varied.<sup>280</sup>

This chapter will discuss how parents framed or scripted opposition in their testimonies to demonstrate how parents navigated the postwar era, what common strategies they used to portray their feelings, and what they placed meaning on. I should be clear that when I am examining opposition to Nazi ideologies, I am not discussing official, organized resistance movements.<sup>281</sup> Instead, I am referring to a single, personal instance of parental opposition during the euthanasia program and subsequent parental memories of their own opposition after the Second World War. As the majority of these cases are discussed in a postwar context, it is also important to recognize that the emotional communities of parents changed during the transition from Nazism to larger notions of justice and suffering in the aftermath of the war. Therefore, it is crucial to examine what Stargardt calls the *Innerlichkeit* (spiritual ‘inner emigration’) of each parent to determine the extent of their private and individual retreat from Nazi ideologies and return to pre-war values or embracing new ones.<sup>282</sup> As scripts, the testimonies parents gave are filtered based on what they believed postwar culture saw as painful, important, or desirable.<sup>283</sup> Additionally, memories reproduce time-specific feelings but are themselves not fixed. The symbolic meaning attached to memories change over time and

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<sup>279</sup> Yulia Chentsova-Dutton and Andreas Maercker, “Cultural Scripts of Traumatic Stress: Outline, Illustrations, and Research Opportunities,” *Frontiers in Psychology* 10 (November 15, 2019): 15; 1-2.

<sup>280</sup> Marty Branagan, “Nonviolent Resistance to Nazi Germany: What Occurred and What Could Have Occurred,” *Social Alternatives*; Brisbane 33, no. 4 (2014): 31; 34.

<sup>281</sup> For information on organized resistance see: Frank McDonough, *Opposition and Resistance in Nazi Germany*, (Cambridge: Cambridge University Press, 2001); Housden, *Resistance and Conformity*; Norman W. Spaulding, “Resistance, Countermemory, Justice,” *Critical Inquiry* 41, no. 1 (2014): 132–52.

<sup>282</sup> Stargardt, “The Troubled Patriot,” 329.

<sup>283</sup> Chentsova-Dutton and Maercker, “Cultural Scripts of Traumatic Stress,” 2.

can also disappear altogether.<sup>284</sup> Consequently, the memory and feelings attached to euthanasia are complex; it is important to recognize that each parent in this study engaged with the loss of their child in a unique way and that the fact that they did so in the postwar period has bearing on how they wished their actions before the end of the war to be viewed.

Carol Poore argues that surviving documentation highlights the protests and opposition of parents because relatives were more willing to discuss their complaints and concerns regarding euthanasia than they were to discuss topics, such as consent and agreement, that could indicate complicity.<sup>285</sup> Additionally, behaviour considered acceptable under the Nazis had shifted in the postwar regime. Of the 137 testimonies gathered for the Frankfurt am Main and Ansbach court investigations, approximately twenty-six parents and family members explicitly discussed ways that they resisted Nazism or sought justice and understanding after the Second World War. This chapter also examines one set of documents between officials, institutions, and parents from the Nazi era that demonstrates that not all parents immediately cooperated with what the government was asking of them. For the parents after the war, their testimonies were filled with memories of the emotional liberty they exhibited when resisting institutionalization, which included attempting to or actually taking their child home after admission and questioning the institutions' practices when something seemed amiss, as well as explanations of suppressed emotions and the need for justice now. However, since memory is subjective and the testimonies are constructions that take place in the postwar war emotional community rather than under Nazism, it is important to analyze

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<sup>284</sup> Knittel, *The Historical Uncanny*, 3.

<sup>285</sup> Poore, *Disability in Twentieth-Century German Culture*, 121-23.

the language parents used to describe their opposition to try and understand how the explanations could be “scripted,” which details they assigned meaning, and which may have been skimmed over. We cannot compare how parents reacted before and after the war. But what we can know is that while these parents did not seem to fully grasp the severity of what it meant to be in an institution until after the death of their children or even after the war, their portrayal of opposition within the postwar testimonies suggests their hostility to euthanasia occurred because the Nazis underestimated the emotional bond that existed within family units.

As discussed in the previous chapters, Nazi propaganda emphasized the eugenic ideology of the healthy versus the unfit and they utilized it as a way to infiltrate the private family sphere. First and foremost, that infiltration was tied to the elimination of unfit groups and the selection of those in need of racial regeneration.<sup>286</sup> Under Nazi eugenics, parents were accountable for heredity. Eugenics was not only about having good genes, it also meant that to be a good parent one had to raise children in a way that promoted good health for the nation in the present as well as the future.<sup>287</sup> Because the family was considered the “germ cell of the nation” and the centre of policy, they were continually under surveillance to differentiate between healthy families and those who were hereditarily ill.<sup>288</sup> This created ramifications for the relationship between parents and their disabled children as the Nazi state set out to create this divide, which even continued into the postwar period as parents now felt the need to justify the decisions they made during the war regarding their children.

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<sup>286</sup> Pine, *Nazi Family Policy*, 124.

<sup>287</sup> Grue, “Eugenics and Euthanasia,” 4.

<sup>288</sup> Pine, *Nazi Family Policy*, 124.

Yet, despite the focus on propaganda and policy, Carol Poore expresses uncertainty around how disabled individuals, their families, friends, and allies felt about the pervasive measures that called for death by eliminating the unfit.<sup>289</sup> The state had sought to reverse the traditional, moral views of the sacredness of life by justifying, in the name of the *Volk*, the prevention of life unworthy of life. Regarding the institutionalization of the unfit, they also wanted citizens to fear genetic damage, prioritize their own “good” health, and feel safer with the unfit removed from greater society.<sup>290</sup> However, Poore argues, the Nazis overestimated their ability to make everyone in society see disability as the enemy. She states,

these eugenicists had not reckoned with the fact that many relatives and others still felt emotionally attached to disabled and ill people in institutions... In contrast to propaganda calling for the elimination of inferior subhumans, they still viewed these disabled people as loved ones, friends, and neighbors, as people who had rights and needed help, support, and good care.<sup>291</sup>

Eugenicists had thought that individuals in society would only see the disability, and therefore, be of the same mindset as the National Socialist government: that disability was a hindrance to the health and prosperity of the *Volk*. Instead, sometimes relatives and community members, could not overlook the familial and emotional ties that they had to individuals with a disability.<sup>292</sup> Rather than seeing these individuals as an issue, they simply saw them as the people they loved and who deserved dignity. It was likely the focus on this type of parenthood and reaction to euthanasia that led many parents to

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<sup>289</sup> Poore, *Disability in Twentieth-Century German Culture*, 116.

<sup>290</sup> Claudia Koonz, *The Nazi Conscience* (Cambridge, Mass: Belknap Press, 2003), 118; 154.

<sup>291</sup> Poore, *Disability in Twentieth-Century German Culture*, 124. The use of the word subhumans was part of a common language used by Nazi medical professionals and propagandists that saw disabled individuals as not really human or even less than animals.

<sup>292</sup> There are instances of recorded opposition such as relatives threatening to charge institutions or a community support for patients like one famous case where “in one south German village, peasant women refused to sell cherries to nurses from the local state hospital.” Fritzsche, *Life and Death*, 306.

“script” their own testimonies in the postwar period. They did not want to be viewed as less than those parents who actually did oppose the state.

Nazi policy had no room for this ideal familial emotion as it was not considered practical or useful in the racial aims of the Reich. Therefore, for individuals who upheld these beliefs, they had to emotionally navigate the possibility of punishments such as *Sippenhaft* (family liability or collective punishment). *Sippenhaft* was an informal method of retribution where the state punished or threatened to punish the family members of an individual who had in some way acted against the regime. It was mainly utilized for crimes of desertion, treason, or cowardice but could also be extended to any form of non-compliance.<sup>293</sup> While remaining un-codified, *Sippenhaft* was meant to create feelings of fear and intimidation that would make individuals think twice about opposing the state. If not for the sake of their own safety than for that of their relatives.

Hannah Arendt examined the impossible decisions that individuals had to face under National Socialism. She discussed how individuals sometimes had to make the unbearable decision of betraying their friends and comrades in resistance or remaining silent, which could lead to the punishment or death of family members under their responsibility.<sup>294</sup> The same type of struggle occurred for parents with disabled children except with the added element that the divisions they had to emotionally navigate were within the family itself between the healthy and the “unfit.” For some parents, they simply could not disregard the love and safety of their disabled child in favour of

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<sup>293</sup> Robert Loeffel, *Family Punishment in Nazi Germany: Sippenhaft, Terror and Myth* (New York: Palgrave Macmillan, 2012), pp. 1-3.

<sup>294</sup> Loeffel, *Family Punishment in Nazi Germany*, 184.

protecting the rest of their family. The child that the state held so much in contempt was after all a part of their world.

It is this emotional attachment that led to the testimonial emphasis on acts of resistance during the Nazi period as well as the political opposition recorded in the postwar discovery transcripts. Parents and other relatives of disabled children focused on pushing back against the emotional regime of Nazism that denied any acceptable connection with disability.<sup>295</sup> It was still crucial for the relatives of these children to make their emotional connection known during the war and after. The evidence collected by Nazi officials throughout the war suggests that small numbers of parents were willing to risk punishment for so-called deviant behaviour. And after, an analysis of the language parents used in their testimonies demonstrates that they placed meaning on opposition to euthanasia and justice for the atrocities.<sup>296</sup> However, they might also have surfaced as an expression of atonement for a parent's guilt or complicity in not voicing a vigorous enough opposition in the first place. This also makes understanding the actual feelings of parents' challenging. What led parents in the postwar period to emphasize feelings of love and justice rather than guilt or even anger? What was a real memory and what was a construction? Furthermore, why did they not discuss "other" feelings? It is likely that in the new emotional regime of the postwar era, particularly in the context of the trials, parents felt pressured to script their responses in a way that reflected the injustice of Nazi crimes, which included euthanasia.

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<sup>295</sup> Reddy, *The Navigation of Feeling*, 123.

<sup>296</sup> Scott, "Deconstructing Equality-versus-Difference," 34.

## Opposition Under Nazism

In order to understand the context of how parents scripted their relationship with opposition in the postwar era, it is important to first examine what direct opposition under Nazism could look like. The Frankfurt am Main investigation files outlined one of the most prominent cases of opposition in a series of letters between the Reich's Committee on the Scientific Recording of Genetic and Hereditary Diseases, the State Health Department for the District Esslingen, the District Association Esslingen Youth Office and Minority Welfare, and Miss Rosina Brecheler.<sup>297</sup> They detailed the continual resistance of Brecheler, her child Barbara, and the state institution Eichberg throughout the 1940s. Brecheler's case is especially significant as it is the only case discussed here that occurred directly during the war. Therefore, it contains the least subjectivity in comparison to the Frankfurt and Ansbach postwar testimonies based on memories.

In 1941, the state ordered Brecheler to take her daughter to Eichberg.<sup>298</sup> But when the district health authorities followed up to see if Brecheler had done so, they discovered that she had ignored those orders. The Welfare Office in Stuttgart reported that:

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<sup>297</sup> Letter from the Reich's Committee to the State Health Department Esslingen, 28 May 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Letter from the Reich's Committee to the State Health Department Esslingen, 19 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Letter from the District Association Esslingen Youth Office and Minority Welfare to the State Health Department Esslingen, 22 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Letter from the Medical Council to Rosina Brecheler, 30 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Letter from the Medical Council to the Reich's Committee, 30 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Letter from the Medical Council to the Youth Office Esslingen, 30 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Letter from the Medical Council to the Reich's Committee, 20 October 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>298</sup> Letter from the Reich's Committee to the State Health Department Esslingen, 28 May 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

The child's mother does not want to accommodate her child in the Landesheilanstalt Eichberg and stays despite detailed instruction in their negative attitude. She admits that the child is back in development, however, claims very good progress has been made in the last few weeks... The child's mother was finally determined, to be advised by the local health department and asks for deferment.<sup>299</sup>

From this statement, particularly the use of the phrase “negative attitude,” it is the opinion of the Welfare Office that Brecheler is exhibiting unacceptable and unreasonable emotions to the state's request. But it also demonstrates the reasons why Brecheler did not want to institutionalize her child. She saw Barbara as improving and wanted to keep the child with her as she did not see her child as sick enough to need further care. It is also possible that this was yet another form of resistance that Brecheler utilized. She might have lied about Barbara's improvement in an effort to convince authorities to drop the case, regardless of actual progress (or lack thereof). Her concern did not fit the Nazi plan because as Reddy argues, the regime's idea of health could come under opposition based on an individual's previously held beliefs or goals on that topic or another.<sup>300</sup> Her feelings echo that of the parents in the previous chapter as she just wanted the best for her child. It was her view that the health of her child was best taken care of at home. Moreover, Brecheler's choice implies the use of emotional liberty as she freely challenged the emotional management that the National Socialist government was guiding parents towards. The Nazis saw this as entirely intolerable behaviour that did not fall within their emotional regime. It also becomes evident from this statement that Brecheler was unaware of the complicity of all aspects of the state in this program as she

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<sup>299</sup> Letter from the District Association Esslingen Youth Office and Minority Welfare to the State Health Department Esslingen, 22 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>300</sup> Reddy, *The Navigation of Feeling*, 123.

seeks help from local institutions for a deferment. Yet, those institutions were also in league with the state and required to report all children with disabilities.

The Nazi government retaliated against this resistance. Defiance was not tolerable, so the state threatened parents, such as Brecheler, who refused to send their children to facilities with a loss of custody rights.<sup>301</sup> The Medical Council wrote Brecheler a letter stating “a delay in the commitment [or] cancellation cannot be given. There will be further action e.g. withdrawal of custody rights must be arranged, if you continue to oppose the transfer of the child to the Landesheilanstalt Eichberg. I ask you, therefore, to decide within a week.”<sup>302</sup> From this quote, one can surmise that the state would not tolerate negotiation and that compromise is not an option. It also illuminates the fact that officials of the Nazi government were subtly threatening Rosina Brecheler and giving her very little time to comply or face the consequences. As Reddy and Rosenwein argue, this is a classic example of the retaliation or threat of retaliation that individuals face for failing to prescribe to the appropriate feelings and actions of an emotional regime.<sup>303</sup> Additionally, it clarifies the emotional navigation that Brecheler would have had to undertake and the emotional suffering she would have experienced no matter what decision she came to make. If she allowed her child to be institutionalized, then Brecheler would be unable to see to the daily care, progress, and safety of her child but if she refused again, then she would lose her child altogether along with the right to make any future decisions for Barbara.

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<sup>301</sup> Friedlander, *The Origins Of Nazi Genocide*, 60-61.

<sup>302</sup> Letter from the Medical Council to Rosina Brecheler, 30 July 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>303</sup> Reddy, *The Navigation of Feeling*, 123; Rosenwein, “Worrying about Emotions,” 824.

While further communication between Rosina Brecheler and the various institutions of the Nazi state regarding the commitment were not included in these files, one final letter to the Reich's Committee outlines that after almost four months of resistance eventually Barbara was placed in Eichberg.<sup>304</sup> It is unclear if Brecheler begrudgingly but voluntarily did this or if the state had intervened and forcibly removed Barbara from Brecheler's custody. Unfortunately, at the time of the investigation, Stuttgart police could not find the current address for Brecheler. For at least three months, the city police attempted to find Brecheler in order to get her testimony. However, the results were inconclusive as she had not been registered with the police since 1945, her former neighbours did not know where she had moved, air raids had destroyed the local residential district, and she was not listed in the police's current address book in 1948. That is why it is not possible to answer this question or reference her postwar recounting of events and feelings.<sup>305</sup> Nonetheless, Brecheler's actions demonstrate the persistent lengths that some parents went to avoid state regulations directly under National Socialism. Her case also acts as a balance and check for the claims of resistance that other parents could only discuss through memories in their postwar trials. Brecheler's actions are the ideal example of opposition as the Nazis recorded her disobedience, which one can use to compare to memories of all the other claims of opposition for authenticity.

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<sup>304</sup> Letter from the Medical Council to the Reich's Committee, 20 October 1941, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

<sup>305</sup> Stuttgart Criminal Police on Rosina Brecheler, 8 June 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; City Police Headquarters Stuttgart on Whereabouts of Rosina Brecheler, 18 August 1948, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany.

## Postwar Recollections of Opposition

While the Brecheler's case is an example of direct opposition to the state under Nazism, the majority of the parents in this study voiced their opposition in the postwar period by recounting their memory of events. This led to a portrayal of opposition within the postwar testimonies that suggests parents felt compelled to construct a narrative of love and resistance to euthanasia because of the nature of the investigations themselves. Although this does not entirely rule out the authenticity of opposition based on familial emotion, with the aim of collecting evidence to be used in the prosecution of euthanasia perpetrators, some parents utilized this opportunity to discuss their real grievances or acts of opposition, while others felt the need to defend their actions and downplay other reactions by portraying feelings of grief and love.

Memory, and how something is remembered is huge in this discussion, particularly since the survival rate for victims of euthanasia is basically non-existent. While this makes determining that communal memory more difficult, there are other ways to retrace and remember that cultural history, such as the parental testimonies analyzed here.<sup>306</sup> The collective and individual memory of parents of euthanasia victims are able to provide some insight into this history. But as Knittel argues in her dialogue between memory and concept of the historical uncanny, mechanisms of repression or disavowal are often associated with the intrusion of the past into the present.<sup>307</sup> This concept can certainly be applied to the Frankfurt and Ansbach testimonies as parents who had dealt with or even repressed their child's death were now asked to resurface those memories in the name of justice. For some, this was an easy task but for others, the query

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<sup>306</sup> Knittel, *The Historical Uncanny*, 23.

<sup>307</sup> Knittel, *The Historical Uncanny*, 9.

made them uncomfortable especially since, as reviewed in the previous chapters, society itself still repressed the history of euthanasia and eugenic beliefs were often still present.

While this does not rule out the legitimacy of their claims, one has to consider all the possibilities as to why those parents may have chosen to script opposition in certain way within their testimonies. As Stargardt argues, in the postwar atmosphere, Germans were much more willing to discuss any actions *against* the Nazi regime while skimming over details of what it was like in the everyday under Nazism, particularly if it had to do with decisions individuals themselves made in the regime. It was an attempt to disassociate themselves from the Nazis after the war, which could also extend to a disassociation with the euthanasia program as well. Therefore, in these testimonies, parents may not have been telling the entire truth. Similar to parents who lied about giving consent to euthanasia in chapter one, others may have been overexaggerating their opposition to the program in order to skim over more unpleasant details.<sup>308</sup> Unlike, Brecheler's situation where Nazi officials themselves recognized her opposition, discussions of opposition as memory are subjective in what people are willing to discuss versus what actually occurred and need to be analyzed in slightly different manner. According to Weber, individual acts are influenced by the agent's intent. However, they only occur in conjunction with other structures. He argues that social acts are "subjectively meaningful...[and]... may consist in the agent's doing something, omitting to do something or having something done to him" and that 'meaning is intended by the agent or agents...and... involves a relation to *another* person's behaviour . . . in which

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<sup>308</sup> Stargardt, "The Troubled Patriot," 340; 335.

that relation determines the way in which the action proceeds.”<sup>309</sup> In other words, parents gave their own meaning to the testimonies and yet, their responses were influenced by the social structures of the trials, the investigators, and the desired outcomes.

Erwin Lindenmaier is one such example of those discussing postwar memories. He noted in his testimony, like Brecheler, that he attempted to keep the child at home. When physicians told him that he would have to bring his daughter Martha to an institution, he said, “I told him that the child was safe with me and that I would not give it away.”<sup>310</sup> The keyword here is “safe.” Lindenmaier felt that his child already received the protection, love, and care that she needed in her own home, and that is why she did not need an institution. It is also possible that he had suspicions that institutionalization could lead to harm as by 1943 certain populations had begun to discover the euthanasia program. Gammerl’s concept of spatiality becomes critical here. Home is an “emotionally heightened space” that was supposed to provide a separation of public and private. One was supposed to be able to make unobserved decisions in the privacy and safety of their own home without the repercussions. The Nazis aimed to dissolve this divide, but Lindenmaier had fought to keep it in place.<sup>311</sup> The organizations of the Nazi state refused to take all of these explanations as sound reasons against institutionalizing Martha. Lindenmaier recalled that in 1943, the head of the Reutlingen health department told him they would take the child if he did not volunteer her.<sup>312</sup>

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<sup>309</sup> Weber as cited in Mark Hewitson, “‘I Witnesses’: Soldiers, Selfhood and Testimony in Modern Wars” *German History* 28, no. 3 (September 1, 2010): 322.

<sup>310</sup> Interrogation Erwin Lindenmaier, 20 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>311</sup> Gammerl, “Emotional Styles,” 165.

<sup>312</sup> Interrogation Erwin Lindenmaier, 20 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

Once again, the feelings that Lindenmaier was exhibiting would not have been considered acceptable to the contemporary Nazi emotional regime. In particular, the government did not promote the individuality of emotional liberty challenging the collective emotional management. Families were to be conduits for the state's aims, not agents with individual goals.<sup>313</sup> Hence, Lindenmaier's feelings regarding safety were not to be placed above that of the so-called threat that disability, hereditary illness, and unfitness had against the public. It is also possible that the word "safe" could have an entirely different meaning in the postwar context of his testimony and the atmosphere of the trials. In particular, Lindenmaier would have learned about the euthanasia program. Therefore, he could be using the word "safe" to differentiate and reference between the time that his daughter Martha spent with him loved and cared for against the time that the Nazis misused their power ultimately taking away that safety and causing her death.

The motives behind what Lindenmaier told officials becomes a bit more confusing when he begins to discuss the details surrounding his daughter's death. Lindenmaier portrayed his reaction to his daughter's illness and death as disbelief. He looked for signs that his child could be experiencing illness due to an intervention on the institution's part. He disclosed, "When we [him and his wife Rosa] entered the room where our child was lying, my act was.... that I turned up the sleeve of my daughter's dress and looked for an injection feature on the forearm. In doing so, I clearly marked on the left forearm at the level of the wrist characteristic of an injection."<sup>314</sup> Lindenmaier explained that he suspected his child would not survive, and in fact, Martha did pass

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<sup>313</sup> Pine, *Nazi Family Policy*, 181.

<sup>314</sup> Interrogation Erwin Lindenmaier, 20 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

away within a few hours of their arrival. But Lindenmaier's account suggests that he refused to believe the institution's story about Martha having pneumonia since his emotional liberty saw conflicting factors. He suspected that something untoward had occurred and therefore, his actions reflect his concern over his daughter's wellbeing, his desire to know the truth, and his mistrust in that National Socialist health program.<sup>315</sup>

What was odd about Lindenmaier's actions though was that he told investigators that he did not let onto to his wife Rosa that he believed their child died by injection. Instead, he emotionally navigated the situation by lying to her about his doubt, distrust, and findings. He reassured his wife by telling her that Martha did have pneumonia.<sup>316</sup> He even said that when Rosa questioned why he was examining the child's forearm, he still maintained the lie.<sup>317</sup> It is unclear from his testimony, as to why Lindenmaier felt the need to keep this information from his wife. Possibly, he wanted to prevent any further trauma for her considering their child was passing away before their eyes. The one hint of this is Lindenmaier's use of the word "reassured." It is probable that he wanted to soothe Rosa as much as he could as the truth would have been even more painful. She was already experiencing the emotional suffering of losing a child and he did not want to add the possible state murder of that child to her emotional burden.<sup>318</sup> While one could

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<sup>315</sup> Interrogation Erwin Lindenmaier, 20 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>316</sup> Interrogation Erwin Lindenmaier, 20 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2; Interrogation Rosa Lindenmaier, 20 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 4.

<sup>317</sup> Interrogation Rosa Lindenmaier, 20 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 4.

<sup>318</sup> Another way that parents opposed the Nazis by refusing to believe the "official" cause of death that was not discussed in this set of primary sources was that of parents who placed suggestive death notifications in local newspapers, obituaries, and funeral notices. For more on this see: Burleigh, *Death and Deliverance*, 165; Heberer, "Exitus Heute in Hadamar," 295.

question Lindenmaier's real motives for not telling his wife, it is likely that he genuinely described his actions as his wife noted in her interview that he was looking at their daughter's arm and she did not know why.<sup>319</sup>

But can this actually be considered opposition as Lindenmaier portrays it to investigators? His testimony makes no claims to have notified any authorities or challenged and investigated the situation further. Even if he had not been comfortable with that level of resistance during the war, he had three years before this investigation to broach the topic and yet there is no evidence that he did. His actions are actually passive and accepting. This explanation seems scripted as he emphasizes his acknowledgement that something was wrong, interprets that as opposition but still uses his wife's feelings as a way of rationalizing why he did not oppose the state further. His recounting of events was in a way a record of his own "good deeds," associated with his moral compass.<sup>320</sup> It can be interpreted as attempt to demonstrate that Lindenmaier was never a Nazi and therefore, cannot be associated with any wrongdoing rather than an act of opposition.

The complicated nature of memory and emotion in the postwar period also draws out other conflicting narratives. One such example is that of parents who claim to have attempted to remove their children from the institutions that held them. For Rosa Pfründer, she claimed to immediately regret bringing her child as the head nurse made a very "bad impression," and therefore, she wanted to take her child back. But as she had already handed her son Irmgard over, this was not allowed.<sup>321</sup> Friedrich Walz and

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<sup>319</sup> Interrogation Rosa Lindenmaier, 20 July 1948, Folder 370, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 4.

<sup>320</sup> Stargardt, "The Troubled Patriot," 338.

<sup>321</sup> Interrogation Rosa Pfründer, 4 August 1948, Folder 368, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1. This again reinforces the idea that once the state facilities had the children in their possession the rights of the parents' wishes receded in light of the Nazi plans.

Margarete Schmid each argued that the failing condition of their child prompted their resistance. Walz stated, “The [child] was ice cold and we had the impression that something was done with him. My wife absolutely wanted to take the child home,” while Schmid said, “I asked the guard if I could take the child home if not better. I was afraid that the child would die.”<sup>322</sup> By using the words “impression” and “afraid,” these parents were attempting to project an era of concern. These words in the greater context of their sentences also signify the lack of trust that these parents had in their child’s care and the suggestion that state facilities caused harm.

This is further emphasized when Pfänder, Walz, Schmid, and Otto Schimpf draw attention to the refusal of state or medical professionals in allowing them to take their children home. A guard guilted Schmid for wanting to bring her sick child home where her other children would be. He asked her “if [she] wanted to contaminate the bed at home and infect the other children.”<sup>323</sup> Here the guard utilized the healthy versus the unfit ideology and propaganda that has been ever-present in how the National Socialist government convinced not only parents but society as a whole how to view disabled and sick individuals. He played with her emotional state by making her concern for her son Otto seem unreasonable within the Nazi emotional regime as she was not thinking of her other children.<sup>324</sup> In Schimpf’s situation, he recalled that the doctor at Eichberg refused to allow his wife to take their child home “on the grounds that he could not allow it in this

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<sup>322</sup> Interrogation Friedrich Walz, 3 August 1948, Folder 364, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1; Interrogation of Margarete Schmid, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

<sup>323</sup> Interrogation of Margarete Schmid, 24 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany.

<sup>324</sup> While the role of guards at Nazi concentration camps has been widely explored, the role of guards at Nazi state institutions for the disabled seems largely unexplored.

condition.”<sup>325</sup> The doctor’s statement again downplays Schimpf’s wife’s concern as irrational and unacceptable. Here the doctor utilized the argument that the child is ill and would receive the best care and treatment at the facility. Therefore, he could not allow the parents to take the child. In all four of these testimonies, it becomes evident that the parents remembering the Nazi period depicted a state ignorance towards their emotional concerns as they did not fit within the Nazi euthanasia plan.

But there is another possibility for these parents focusing so heavily on their memories of trying to remove their children and official responses. It is possible that they were attempting to hide the guilt they felt for allowing institutionalization by shifting the blame. Stargardt argues that in ego documents such as these, most individuals would really only recognize murderous actions of Germans if they could plead not responsible for the outcome.<sup>326</sup> Similarly, parents could confront the issue of attempting to remove their children and even being denied because those actions only demonstrated the moral good they were attempting to achieve. They could rationalize that they did not bring about the death of their child but rather the institutional staff who would not allow such actions. This is similar to the idea of postwar Germans denying complicity in anti-Jewish actions. People utilized the statement “We didn’t know,” which allowed individuals to ignore the suspicions they had during the war or even what the Nazis had suggested in order to deny any responsibility.<sup>327</sup> Otherwise if individuals could not bypass the blame, they created tactics, such as scripting their responses, to reduce guilt or shirk responsibility for their actions. Knittel maintains that even in discussions of taking

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<sup>325</sup> Interrogation Otto Schimpf, 3 August 1948, Folder 364, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>326</sup> Stargardt, “The Troubled Patriot,” 340.

<sup>327</sup> Fritzsche, *Life and Death*, 306.

responsibility, nearly all perpetrators on trial between 1948 and the 1960s refused to admit their guilt. This did not create an atmosphere that made parents willing to acknowledge their complicity either.<sup>328</sup>

Without direct evidence from the institutions or Nazi officials during the war, it is difficult to corroborate Pfänder, Walz, Schmid, and Schimpf's claims. It is true as Klee maintains that as discontentment arose in families whose relatives were patients in state facilities due to their suspicions that something was amiss, the number of relatives who sought to remove their family members from facilities rose.<sup>329</sup> This course of action that went against the will of the Nazi emotional regime was a risk as some facilities again threatened parents with the loss of custody rights if they persisted.<sup>330</sup> While that was not a deterrent in every situation, one would be remiss to take the aforementioned accounts completely at face value. In particular, parents were likely concerned how their actions during the war would be interpreted in the postwar, antifascist era. They could have lied about their motivations or exaggerated their opposition as a coping mechanism for masking their real feelings. They might have been worried about being mistaken for Nazi supporters or sympathizers, anxious about not having resisted the euthanasia program more (whether or not they noticed any concerning signs), or even nervous about being found complicit in their child's murder.

For other testimonies, it is easier to interpret parental claims and believe their authenticity. Although it may seem like parents had little chance in their opposition against the state, especially when it came to removing their children from state facilities,

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<sup>328</sup> Knittel, *The Historical Uncanny*, 43.

<sup>329</sup> Lagebericht des Oberlandesgerichtspräsidenten Stuttgart vom 31 August 1940, reprinted in Klee, *Dokumente zur „Euthanasie“* (Frankfurt am Main: Fischer Taschenbuch, 1985), pp. 207-08.

<sup>330</sup> Friedlander, *The Origins Of Nazi Genocide*, 60-61.

in a few rare instances, parents told investigators that they were successful in bringing their children home.<sup>331</sup> Edith Steidle found her child Karl-Heinz in “such a pathetic state” caused by what seemed like extreme weight loss after being in Kaufbeuren for only three weeks that she immediately took him home. He quickly recovered but unfortunately investigators discovered that a couple of months later, Karl-Heinz contracted diphtheria and passed away.<sup>332</sup> While the removal of Karl-Heinz did not ultimately save the child’s life, in other cases, continued opposition to institutionalization and the refusal to allow the child to remain could be lifesaving. This can be said of Otilie and Hans Nonnenmacher. Unlike the parents above, Nonnenmacher explained in her testimony that she refused to take no for an answer and after a lot of effort and time, her emotionally liberated choice got her son “free again.”<sup>333</sup> This makes her claim easier to rationalize as her child was still alive and that in itself helped validate her testimony.

What is extremely significant about Nonnenmacher and her son Hans is that because his parents removed Hans before the institution could euthanize him, he was one of the only victims of the euthanasia system that survived the war.<sup>334</sup> Additionally, as Stearns points out, it is difficult to know the real emotions of children as they leave few records compared to adults.<sup>335</sup> While there was no testimony from Hans included in the investigation files of the Frankfurt am Main court case, Nonnenmacher discussed some of

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<sup>331</sup> Burleigh, *Death and Deliverance*, 166. Although according to Burleigh, individuals from a middle-class background found it easier to actually convince authorities to return their relatives safely.

<sup>332</sup> Interrogation Edith Steidle, 8 June 1948, Folder 366a, Landespolizei Württemberg-Hohenzollern Abt. 63 1a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1-2.

<sup>333</sup> Interrogation Otilie Nonnenmacher, 18 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 63 1a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>334</sup> Knittel, *The Historical Uncanny*, 23. According to Knittel one of the hardest things about the remembrance of euthanasia was that nearly all the victims died and therefore there was no collective memory of events.

<sup>335</sup> Peter N. Stearns, “Children and Emotions History,” *European Journal of Developmental Psychology* 14, no. 6 (November 2, 2017): 659.

the conversations Hans overheard between medical staff as well as some of the fears that her son acquired after returning home from the facility and the things that he said as a result of those fears, which gives insight into Hans' emotions and experiences.

Nonnenmacher recalled that when she was finally allowed to take Hans home that a Sister Käthe was upset that she had been allowed to do so. Hans later asked his mother "Why did Käthe say to me, if only you were dead?"<sup>336</sup> He was clearly confused as to why the nurse would wish death upon him. Nevertheless, this statement also hinted to Nonnenmacher that her child had been in severe danger in the facility. Particularly, if the staff would rather see a child leave in a coffin than alive and back with their parents. While it is challenging to know Hans' exact feelings about his experiences, as Stearns argues, through his mother's testimony one can extrapolate how Nonnenmacher interpreted his emotions.<sup>337</sup>

One such example of Hans' feelings was the way that he reacted in fear every time his mother went to the cellar. Nonnenmacher recalled that he would say, "Mom, Mom do not go in the cellar, hell is going on in the cellar."<sup>338</sup> Based on his mother's description of Hans' behaviour, he had come to equate any cellar with evil and wrongdoing. Again, this reinforces Gammerl's point that emotions can become heightened particularly when they become associated with a specific space.<sup>339</sup> Hans may not have known or understood what was actually happening in the basement of Eichberg, but he recognized and felt that something horrible was happening. She also noted that

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<sup>336</sup> Interrogation Otilie Nonnenmacher, 18 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>337</sup> Stearns, "Children and Emotions History," 659.

<sup>338</sup> Interrogation Otilie Nonnenmacher, 18 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>339</sup> Gammerl, "Emotional Styles," 165.

Hans frightened at the smallest thing, which never occurred before Eichberg.<sup>340</sup> In a sense, Hans faced a form of emotional suffering even after returning home. He was not supposed to survive but since he did, he had to live with the emotional trauma of doing so. Moreover, that was something that he wanted to save his mother from experiencing.

When Sergeant Schuler of the district Schwäb interviewed Mrs. Nonnenmacher, he noted that she was calm and used a matter-of-fact tone, which could be interpreted as a way for Nonnenmacher to make herself seem more authoritative, rational, and therefore, more likely to be believed. Yet, when Nonnenmacher described her feelings during the war when Hans was institutionalized, this calm faded away and was replaced by her own fear. She stated that when she picked up Hans from Eichberg, she “was very scared, because he had never looked so bad before.”<sup>341</sup> She was scared about the condition of her son and if he would fully recover. Except the fear could also indicate that perhaps Nonnenmacher was starting to realize that something untoward was occurring in Eichberg. This would have been further reinforced by the comments Hans said and the behaviour he exhibited once he arrived home. She was likely afraid of what could have occurred if Hans had been left in Eichberg but was also relieved that she and her husband had been successful in bringing him home. It is also possible since this is a postwar recollection, that Nonnenmacher is stressing the fear she felt because she now knew that had she been unsuccessful then it is likely that Hans would be dead. In this way, Nonnenmacher emotionally navigated the emotional regime established by the postwar trial experience. She dually utilized her emotions to demonstrate her desired outcome of

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<sup>340</sup> Interrogation Otilie Nonnenmacher, 18 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>341</sup> Interrogation Otilie Nonnenmacher, 18 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

establishing the horrific experiences of euthanasia victims and their families while also validating the outcome of the investigations themselves- gaining incriminating evidence to hold perpetrators responsible.

### **Opposition in the Postwar Period**

When court investigators, such as those for Frankfurt am Main in the late 1940s and Ansbach in the mid-1960s, began looking for and interviewing parents whose children the Nazis may have euthanized, this gave many parents with grievances the opportunity to openly express the feelings that they had suppressed for so long. They were able to discuss their feelings about the program but in the context of a postwar war emotional community three or even twenty years after its implementation, which could lead to scriptedness. Johanna Pastoors said in her interview, “I am happy and satisfied that at last I may speak freely and without fear of all these things and I'm happy to do it. With a liberating feeling, I can talk about everything today, which has depressed us for years... we have never been allowed to pronounce our feelings and conjectures.”<sup>342</sup> The emotional regime of the Nazi attempted to restrict what people could speak about without facing punishment. There are many instances where this tactic failed but for a large part of German society, they simply were not willing to take that risk. Pastoors’ comment illuminates her belief that she suffered because of this restriction when she discusses the depression she lived with. This suggests that not only was she sad about her child’s death but that she felt like she could not discuss her child or what happened. This also hints at the cultural climate of the postwar period as Pastoors comment about finally being able to

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<sup>342</sup> Interrogation of Johanna Pastoors, 5 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 1.

talk about it with investigators suggests that even postwar society sought to repress her discussion of disability and euthanasia. Yet, she felt liberated and without “fear” once government after the war sought to prosecute the Nazi perpetrators involved.

However, even Johanna Pastoors’ statement that she and her husband felt silenced about speaking out regarding their doubts and their belief that Ansbach had euthanized their child Theodor (Theo) is complicated. She suggests they had to suppress those feelings of frustration and outward grief because they were not safe to utter.<sup>343</sup> But this statement is complex as Fulbrook and Rublack outline. German scholarship focusing on postwar attitudes and memory discuss Pastoors’ response as a common one that Germans used to assuage their guilt for the atrocities that occurred under Nazism and the role they may have had in any of those actions. The phrase *immer dagegen* or “always having been against it” becomes relevant here. This phrase, similar to Pastoors statement, could be seen as yet another way to cover up uncomfortable actions or it could be a real acknowledgement of not agreeing with their own actions that they felt compelled to complete due to the pressures of the regime, or it could represent such a change in self-motivations and personal meaning that earlier ones could not be accurately identified with any longer.<sup>344</sup> So while Pastoors statement could actually represent one of many things, what is crucial is that she placed meaning on her feelings of repression.

For other relatives, it was not only a sense of relief to discuss euthanasia openly, but also an opportunity to seek justice for the loss of their loved ones. While Christine Firros was not a parent but a sister of an adult victim of euthanasia, her testimony was

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<sup>343</sup> Interrogation of Johanna Pastoors, 5 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 1.

<sup>344</sup> Fulbrook and Rublack, “In Relation,” 266.

illuminating on how passionate family members could be about speaking out after the war and so, I felt compelled to include it. She swore at the time of her sister's demise that she would avenge her death if it had been caused unnaturally. Clearly, Firros was vehement about bringing to light the causes of her sister's death as well as bringing to justice those responsible. One reason, in particular, that could be stated as to why relatives gave such fervent testimonies during the trials was to receive a sense of justice for wrongful actions of professionals they trusted with their loved ones. In chapter two, I argued that parents often institutionalized their children because of the trust that they had in medical professions. As Grue states though, with the euthanasia of newborns (and children) that trust crumbled. In its place grew a need for recompense and that is how Firros' scripted her responses.

Firros' testimony is also significant as she called out the investigators for only caring about the plight of euthanasia victims now that the war was over. She told them that they were only willing to believe her now in 1964 regarding this "abomination" after the actions of prominent euthanasia doctors like Dr. Heyde became public.<sup>345</sup> She argued

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<sup>345</sup> In 1962, Dr. Werner Heyde was charged with over 100,000 counts of murder for his role as head assessor and medical director of the Aktion T4 euthanasia program in 1940 and 1941. The trial, which was to occur in February 1964, never took place as Heyde (known as Dr. Fritz Sawade in the postwar era) committed suicide before it could happen. However, the attempt to prosecute Heyde brought the plight of euthanasia victims back into the discussions of justice. Martin Krupinski, "Werner Heyde: Psychiater und Massenmörder: Eine forensisch-psychiatrische Perspektive," *Der Nervenarzt* 90, no. 5 (May 2019): 530. In a more general sense on the prosecution of Nazi perpetrators as a whole, the 1960s were a reaction to the lax nature of convictions in 1950s and a realization that unless West Germany extended its statute of limitations on murder, thousands of perpetrators would escape punishment. A series of four debates on this topic known as the *Verjährungsdebatte* occurred in German parliament in 1960, 1965, 1969, and 1979. Each debate reignited the issues of crime and the Nazi past as well as the 1950s failure to bring about justice. The first three *Verjährungsdebatten* were successful in extending the statute of limitations on crimes of murder. However, the one in 1979 did not result in an extension. The success of the 1960s *Verjährungsdebatten* is likely due to the details brought to light regarding the extent of Nazi crimes in the Eichmann trial of 1961 and the Auschwitz trials in 1964 as well as numerous trials for the *Einsatzgruppen* those responsible in the extermination camps in Belzec, Treblinka, Sobibor, Chelmno, and Maidanek. For more on this legal and political history see: Cesarani, *After Eichmann*.

that if she had gone to them previously, she “would not have got away with it.”<sup>346</sup> Firros thought it was important to make the investigators understand that while their attempts to prosecute euthanasia perpetrators were honourable and right, they needed to realize that family of victims had wanted justice for a long time, but they just did not feel like anyone wanted to hear them. As discussed in the previous chapters, there was a lack of recognition as victims of Nazism and a continuation of eugenic thought and prejudice against disabled individuals so while these investigations were necessary, they were long overdue and should never have taken this long in the first place.

The final question in the Ansbach court investigation concerned the likelihood that euthanasia transpired for each specific child. Interviewers asked parents if there were any hints or clues that euthanasia could have occurred. The court also sought to determine what opinion the witness (parent) had at the time of the interview regarding their child’s condition.<sup>347</sup> These two questions prompted many parents to discuss the suspicions that they had and the beliefs that the state euthanized their child.<sup>348</sup> Most just made statements along the lines that they believed the death was unnatural or that the facility must have made inventions.<sup>349</sup> However, some had to clarify that they had no

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<sup>346</sup> Interrogation Christine Firros, 14 February 1964, Folder 88, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 4.

<sup>347</sup> Interrogation Questions for the District Court of Ansbach, 18 February 1964, Folder 235, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 3.

<sup>348</sup> Again, I did not find the questions asked by the investigators of the Frankfurt am Main court but based on the answers provided by parents during their testimonies it is evident that a similar question was asked.

<sup>349</sup> For a few examples see: Interrogation of Georg Sommer, 25 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 3-4; Interrogation of Eva Schneider, 2 June 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2; Interrogation Paula Weiss, 21 June 1948, Folder 364, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany; Interrogation Marie Keitel, Undated, Folder 365, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

explicit evidence but rather just a feeling.<sup>350</sup> On the other hand, as Burleigh notes the minor mistakes that facilities made tipped off some parents to the euthanasia.<sup>351</sup> Margot Eisenhardt stated that she and her husband knew something was wrong when they saw the child's body had been "emaciated to a skeleton" before the funeral. Officials told Babette Seyfer her son Werner had died of measles, but she testified that she found no red spots on his body. Pauline Hirth had requested the clothing of her child after Han's death, but the institution returned clothing that was not hers. She said that was her clue that Han might not have had a natural death.<sup>352</sup> In a sense, these court cases became sites of memory, which forced Eisenhardt, Seyfer, and Hirth to re-evaluate their memories and emotions. All three of these mothers expressed their personal feeling that the state killed their child. They made it apparent to investigators that they did not believe the official explanations for their children's deaths based on their memories of events.

During the Ansbach court inquiry, investigators explicitly asked parents if they had given consent to euthanasia and what their views were on the practice today. Parent after parent stated that they had not known about the program, would not have given consent, and condemned the use of euthanasia altogether.<sup>353</sup> One of the reasons some

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<sup>350</sup> Interrogation of Georg Sommer, 25 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 3-4; Interrogation of Ewald Illig, 7 June 1948, Folder 367, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 1.

<sup>351</sup> Burleigh, *Death and Deliverance*, 164.

<sup>352</sup> Interrogation Rosa Eisenhardt, 6 June 1948, Folder 366a, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2; Interrogation Babette Streyfer, 9 June 1948, Folder 366b, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2; Interrogation Pauline Hirth, 3 August 1948, Folder 364, Landespolizei Württemberg-Hohenzollern Abt. 631a, Hessisches Hauptstaatsarchiv, Wiesbaden, Germany, 2.

<sup>353</sup> For a couple examples see: Interrogation of Georg Sommer, 25 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2-3; Interrogation of Babette Schilling, 1 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2. Similar sentiments were also expressed in the testimonies of parents for

individuals so adamantly discussed the feelings of love they had for their children were the scripted nature of their responses. As Hester Vaizey argues, under Nazism the family unit was able to maintain a sense of togetherness and emotional intimacy.<sup>354</sup> In other words, love of family sustained kinship during adversity. When investigators asked Johanna Pastoor, she told them that if she and her husband had known or been asked for their consent, they would have fought against euthanization in any way they could because even if Theo was sick they “still loved” him.<sup>355</sup> Gottfried Baumann stated when asked that while his family was hoping for the improvement and normality that institutionalization promised if progress could not be made, he and his wife could never have given parental consent to euthanasia “because what kind of parents could do that?”<sup>356</sup> Both of these statements, epitomize the feelings and pressure that most parents felt during the investigations. Whether a parent gave consent, allowed institutionalization, or opposed the state, central to the identity of parenthood is the idea of love. Therefore, these statements also insinuate that there is a bond within a family that not even disability and Nazi ideas could alter. Yet, one must also consider the fact that sometimes people make decisions out of love that cause harm, such as those who gave consent in chapter one. As the testimonies in this chapter detail though, the Nazis attempted to destroy the emotional refuge that was essential to the bond of a family, but for some, the love of family would always come before the state.

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the Frankfurt am Main investigations, however, I do not have the questions from those investigations, so I do not know if individuals were asked directly.

<sup>354</sup> Vaizey, *Surviving Hitler's War*, 33.

<sup>355</sup> Interrogation of Johanna Pastoors, 5 March 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2.

<sup>356</sup> Interrogation of Gottfried Baumann, 22 February 1964, Folder 215, Staatsanwaltschaft bei dem Landgericht Ansbach, 2018-01 - vorläufig ohne Gliederung, Staatsarchiv Nürnberg, Nürnberg, Germany, 2.

Faye Ginsburg and Rayna Rapp argue that as the end of the twentieth century progressed, there was a change in both attitude and law regarding disability and inclusion in societal and private spheres such as the home, the school, and the community. They believe that family activism, legal and educational reform, deinstitutionalization, and the development of the rights movement led to a reimagining of the kinship imaginary.<sup>357</sup> The connection of disabled individuals to their families were renegotiated. Examples of this included things such as rearranging caretaking responsibilities and reimagining family narratives or histories to include disability rather than excluding it.<sup>358</sup> While I agree that the end of the twentieth century saw a vast improvement in the acknowledgement and treatment of disability, I believe that by confining their argument to the end of the century they overlook some of the activism that was taking place during the war and throughout the postwar trials. Some parents, as demonstrated in this chapter, had already reimagined the kinship imaginary, particularly in relation to what was acceptable behaviour and emotion in Nazi Germany and the second emotional regime of the postwar, simply because of their emotional connections to their families.<sup>359</sup>

All of these documents and testimonies are examples of how Germans with disabled relatives could view family and how that led to postwar discussions of memory, opposition, and justice. The emotional bond between family members could create the circumstances for opposition when policies, such as Nazi euthanasia, threatened that union. Some parents were willing to risk emotional suffering that came with Nazi

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<sup>357</sup> Ginsburg and Rapp proposed the term “kinship imaginary” to represent that families are both created and interpreted through blood association but also, culture. They argue that families are socially constructed, and changes occur over time, class, geography, and culture. Ginsburg and Rapp, “Family,” 82.

<sup>358</sup> Ginsburg and Rapp, “Family,” 82-83.

<sup>359</sup> Ginsburg and Rapp, “Family,” 82-83.

punishment as long as they could to keep their family members safe. The National Socialists underestimated this bond of kinship during the war. And after, that bond was still emphasized by parents in their postwar testimonies. The emphasis on opposition and feelings such as love or grief rather than guilt demonstrate that some parents genuinely sought to express their grievances while others felt the need to cover up any thoughts of complicitous actions by scripting the emotions they felt were most acceptable in the postwar emotional regime of the trials. However, in either case, the connection of familial emotion and discussions of opposition show the importance and meaning these parents placed on the relationship between the two.

## **Conclusion**

*A group of Allied spies are hiding out at a safe house in Paris France as they plan their next move. Suddenly, they all hear footsteps and Nazi Brigadeführer Franz Faber walks through the door.*

Alfred Graves: “How did you find us? Why Are you here?”

Franz Faber: “Albert Bellerose... Daniel Deforest... Gilles Fournier... Ulli Faber...I’m here for them. I’m here for my son. Tell me what it is that you want me to do.”<sup>360</sup>

-*X Company*, Season Two Episode Ten

Formerly a devout Nazi, Franz Faber comes to realize that some of the actions he has taken as an upper Nazi officer do not feel morally right to him.<sup>361</sup> Therefore, he agrees to work with the Allied spies, who he was supposed to be capturing and torturing for information, to take down the Nazi government. As he states above, he is willing to betray his country in the name of his son. For the rest of the series, Faber tows a thin line between pretending to be a continued and devout Nazi, while also helping the Allies if he can. The familial attachment that Faber has to his deceased son Ulli is the connection between all of these actions. Being forced to kill his own son, who Faber loved very much, rather than sending Ulli to a killing facility, created an internal struggle for him regarding what is viewed as emotionally acceptable in the Nazi state versus how he personally felt.

Even though Faber is a fictional character, these struggles echo that of what actual parents of euthanasia victims had to face. The files of the Frankfurt am Main and Ansbach investigations provide insight into what was expected of parents under the Nazi

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<sup>360</sup> *X Company*, season 2, episode 10, “August 19th,” directed by Jamie Magnus Stone, aired 6 April 2016, on CBC, <https://gem.cbc.ca/media/x-company/season-2/episode-10/38e815a-009bdf16b96>.

<sup>361</sup> *X Company*, season 2, episode 10, “August 19th,” directed by Jamie Magnus Stone, aired 6 April 2016, on CBC, <https://gem.cbc.ca/media/x-company/season-2/episode-10/38e815a-009bdf16b96>.

emotional regime and how individual parents reacted in various ways to those expectations. These sources included some actual correspondence between Nazi health officials, institutions, and parents but primarily, the sources derive from the postwar testimonies that investigators completed in 1948 and 1964 in an attempt to prosecute those responsible for euthanasia crimes. From these documents, it becomes clear that familial emotions cannot be separated from the euthanasia program or the decisions that parents made regarding their children.

In this work, I have argued that parents did play a role in the euthanasia process knowingly or unknowingly, and that they utilized emotions such as empathy, relief, concern, love, and fear to detail to investigators the choices they made during both the Nazi period and the postwar era, albeit with many differing outcomes. Even parents who discovered the euthanasia program and gave the Nazis consent to euthanize their children or supported the ideology in the postwar period, such as those in chapter one, claim to have done so out of compassion rather than malice. Their postwar testimonies demonstrate that they believed in the National Socialist program that promoted disability as a “life unworthy of life” or full of misery and suffering. Therefore, they stated that euthanasia was not this great evil. It was an empathetic way to release a suffering individual from their pained life. Death was the superior choice to life in this instance. While it is somewhat odd that parents in these instances would actually admit their support for euthanasia, it likely arose from a continuation of eugenic thinking, the low rate of conviction for perpetrators and perhaps, even feelings of guilt or remorse.

Yet, most parents did not know about euthanasia and instead described the emotions they felt towards institutionalization as detailed in chapter two. Because of their

ignorance to the state's real agenda, these parents argued that the National Socialist government and medical professions had done such a good job promoting these institutions as having the most modern care and treatments as well as other factors such as absentee fathers sent to war, considering the wellbeing of their other children, costs, and stigma of disability that placed their children in the facilities. In the investigations, parents maintained that these decisions were made in the belief that they would be better off in the facilities than at home, and out of the desire to prescribe the acceptable emotional behavior within the regime. However, at least, as far as postwar recollections suggest, it is also significant that this acceptance was described only as permission for their children to be placed in state institutions. It was not permission for the state to practice euthanasia. They had not known that their acceptance of institutionalization would lead to the death and therefore, could not have consented to its application.

In other cases, such as the claims of opposition in chapter three, familial emotion becomes a complicated topic. In the testimonies for Frankfurt and Ansbach, parents utilized the argument that opposition to various parts of the euthanasia program occurred due to the fact that the Nazis underestimated the strength of the familial bond and emotions such as love. In the cases where the Nazis recorded the opposition and disobedience of parents during the war, this is undoubtedly true. But for the explanations of opposition that parents gave based on their memories, one has to consider other alternatives. Parents might have utilized the argument of family connections in order to shirk responsibility for certain actions that could have led to their child's death or they might have genuinely described their choices. This could be because the investigations intended to bring justice to those died by holding their perpetrators responsible.

Consequently, parents may have felt pressured to say the “right” thing rather than the “true” course of events. Nevertheless, the meaning that these parents placed on the connection between familial emotion and opposition is significant in understanding what parents saw as vital in the postwar emotional regime.

The history of *Kindereuthanasie* and the parent’s role in that past is by no means complete. I propose that my work is just a starting point for analyzing the intersections between family and the National Socialist euthanasia program. It is especially crucial that more research is done in future as historian Götz Aly estimates that within the population of Germans over twenty-five, one in eight are closely or distantly related to a former euthanasia victim.<sup>362</sup> That implies that family was not only intimately tied to children’s euthanasia during the Nazi period or even the postwar trial era, but also in current society. It is vital that this past not only finds its place in mainstream society but also in the family histories of German people because it will create an individual connection and responsibility to recognize the role that individual families had in the violence. By continuing to study euthanasia, its history will become more commonplace in Germany and globally. This would allow for a new sense of justice for euthanasia victims as their persecution is remembered and helps breakdown the stigma of disability in the past and present.

There are also many other directions this history could take. In particular, one could explore a gendered analysis of actions during the war and in postwar testimonies. Were the reactions of family members different based on gender or age? Did mothers, fathers, grandparents, and siblings have differing opinions about the euthanasia program

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<sup>362</sup> Götz Aly, *Die Belasteten: “Euthanasie” 1939-1945: Eine Gesellschaftsgeschichte* (Frankfurt am Main: S. Fischer, 2013), 15.

during the war and after? Or perhaps, a microhistory of a specific institution like Hadamar that is focused on how parents interacted with the medical professionals, their child, and the other patients. This would be particularly crucial in establishing the victim in the story of family as well. The Hadamar archive is replete with examples that are in need of further investigation. Another option would be to solely focus on the history of memory when it comes to families of euthanasia victims, and the tropes and tactics employed in the postwar period to make sense of decisions in the past.

What is also important about familial emotions and the actions associated with them, but that I did not have space to flesh out in this argument, is that parental feelings and actions were not static. Not only could parental actions change during the war, but also how parents talked about them in the postwar period. For example, it was possible for a parent to initially agree to institutionalize their child but later regret this decision and attempt to oppose the Nazis by removing the child. Similarly, a parent could have given permission to euthanize their child but then in the postwar period attempt to hide this decision by discussing that they only ever agreed to institutionalization. Additionally, as hinted at in chapter three, parents often made decisions during the war that they came to feel differently about after the fall of the Nazis. Emotions of trust could turn to anger, and feelings of empathy could turn to guilt. This would make for another possible avenue of analysis for future researchers.

The National Socialist government intended *Kindereuthanasie* to remove the unfit and disabled individuals from German society since the Nazis viewed them as “life unworthy of life.” One would assume that parents of these so-called undesirable children would not have participated in such actions. However, the Frankfurt am Main and

Ansbach Court investigations demonstrate through testimonials that parents played an active part, albeit often unknowingly, in the program despite the attempt of the government to keep the euthanasia agenda a secret. The familial bond and emotions that parents portrayed in their testimonies described how they emotionally navigated the Nazi emotional regime as well as the postwar emotional regime in actions such as consent, acceptance of institutionalization, and acts of opposition all as based on what they felt were in the best interest of their children.

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