

'Perfect in its principles': Psychoanalytic praxis at Ernst Simmel's Schloss Tegel

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Abstract In the mid-1920s, Ernst Simmel created the Schloss Tegel Sanatorium, just outside Berlin, as a place for indigent people with severe psychiatric disorders to be treated psychoanalytically. Simmel's thesis, that impinging social and economic forces are as great a challenge to patients' recovery as are their internal disorders, was well received by like-minded colleagues, including Freud. At Schloss Tegel, a unified clinical and political discourse allowed the psychoanalysts to establish a new praxis based not on the strictures of establishment psychiatry but on an ideology of dialectical materialism. In the end the sanatorium was defeated by chronic underfinancing and ultimately the violent Nazi takeover. What remains, however, is Simmel's rich legacy of psychoanalytic experimentation that confronted the twin predicaments of mental illness and structural oppression.

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Freud's Prize

In the mid-1920s, Ernst Simmel, a socially minded young physician from Berlin, decided to open an inpatient psychoanalytic treatment center in Schloss Tegel, a pretty residential area just outside the city. Simmel had served as an army doctor and director of a hospital for shell-shocked soldiers during World War I, and because he had witnessed 'the waste of human life during the war years,' Simmel urged his colleagues to participate in 'the human economy ... for the preservation of all nations' (Simmel *et al*, 1918, p. 2). For the next decade, until he was forcibly exiled by the Nazis, Simmel produced an exceptionally original range of projects including the Berlin Poliklinik (the first free outpatient psychoanalytic clinic), the Association of Socialist Physicians (in which he was joined by Albert Einstein), a series of

essays on the fusion of progressive politics and psychoanalysis, and Schloss Tegel. But the real draw, Simmel said, was the patients who ‘suffered especially strongly under their neuroses because of economic need, or were especially given to material misery precisely as a result of their neurotic inhibition’ (Simmel, 1930, p. 8). How Ernst Simmel attended to these patients, in practice and in theory, is the story of this paper.

Ernst Simmel first came to psychoanalysis as the Prussian Royal Army’s senior physician in charge of a specialized military hospital for war-neurotics in Poznan (Posen). War conditions ‘only rarely permit[ed] extensive individual analysis,’ he recounted, and yet he endeavored ‘to shorten the duration of the treatment ... to two or three sessions’ (Kaufmann, 1999, p. 140). He treated the soldiers for severe anxiety, phobias and depression (accompanied by trembling, twitching and cramps) and challenged his military superiors to see these as genuine illnesses, not social deviance or civic disloyalty. He called this disorder ‘war neurosis.’ Freud greeted his work on the subject with such ‘interest and delight’ that he later awarded Simmel a prize (Falzeder and Brabant, 1996, p. 264). But Simmel, who had absorbed enough of social reality to be cautious of such praise, warned his colleagues to ‘abstain from diagnoses out of desperation’ precisely because society could not afford to ignore ‘whatever in a person’s experience is too powerful or horrible for his conscious mind to grasp’ (Kaes *et al*, 1994, p. 7).

Simmel was a small, thin man who wore well-cut clothes and wire-rim glasses. His friend Franz Alexander (1951) recalled that he ‘liked to go into far-reaching theoretical abstractions.’ By 1920 he was an avowed socialist associated with Berlin’s new Ministry of Education. He believed that the advent of social medicine was inevitable. He enjoyed the symmetry of sociological theory and psychoanalytic practice and reinforced this with case observations from his clinics. While Simmel still sought his professional grounding in the 1920s, he sensed that the stipulations of psychoanalysis – its intensity, its loyalty to the laws of the unconscious, its rare breed of clinicians – demanded a new model of practice, outside both the private office and the traditional psychiatric hospitals like Berlin’s Charité. He was not alone in these pursuits.

World War I had aroused analysts’ social conscience, and Freud, Max Eitingon and Wilhelm Reich, among others, sought out political and social legitimacy by forming free community clinics and engaging the post-1918 Social Democratic governments. Their belief in the dialectic of psychoanalysis and social action was binding. As Max Horkheimer (1948), the influential Marxist philosopher who directed the Frankfurt Institute for Social Research during its most fertile era, said ‘Freud’s belief in Simmel as one of the few who understood him best and as a real brother in arms never changed’ (p. 113). The extent of Freud’s own transformation from a comparatively traditional Austrian physician into a man who spoke out for ‘out-patient clinics where treatment

shall be free' (Freud, 1918) moved the analysts to create a series of free clinics: the Berlin Poliklinik in 1920; the Vienna Ambulatorium, 1922; the Schloss Tegel and the London Clinic, both in 1926; the Budapest clinic, 1929 and the Sex-Pol network. Schloss Tegel was the first open model of inpatient care in psychoanalysis, and Simmel's writing about it still resounds with his political dedication to providing institutional care for poor people with seemingly ungovernable psyches.

This synergy between psychoanalysis and the class struggle allowed Simmel to practice within a fairly specific Marxist framework: he would attend, at Schloss Tegel and at the Poliklinik, to the 'proletariat' and the poorly insured, people whose social class was exploited by the same teaching hospitals that exempted private 'high fee-paying patients' from public exposure (Simmel, 1930). In *Der Sozialistische Aerzte* [*The Socialist Physician*] of 1925 and other writings, Simmel contrasted the bourgeois medical paradigm of individual patient – individual physician to the socialist paradigm of groups, medical teams and patient communities. The psychological precariousness of analytic patients whose depression is compounded by poverty is akin to that of a woman in childbirth. Both deserve more than faceless compassion and bourgeois sympathy and in practice should be the sole focus of one doctor, in one room, for a full hour, regardless of the patients' ability to pay. To put human vulnerability on public display, even in a teaching hospital, gives physicians the privilege of exploiting patients whose class disadvantage is masked as a benefit for training doctors. Just as Freud (1918) had held 'that the neuroses threaten public health no less than tuberculosis' (p. 167), so depriving poor people of the liberating effects of psychoanalysis was the epitome of class oppression. Thus Simmel's challenge was not so much to make sure that poor people received care, but that individual care could be justified ideologically. In one sense he wanted bourgeois privileges for his patients, but he also believed, deeply, that the 'fundamentally egalitarian nature of psychoanalysis' (Simmel, 1930, p. 167) would alter this practice quandary, which eventually even radical psychoanalysts like R.D Laing failed to resolve.

In the early 1920s, Ernst Simmel was simultaneously awarded the chairmanships of the German Psychoanalytic Association (Deutsche Psychoanalytische Gesellschaft, or DPG) and Berlin's Socialist Physicians' Union. The Union's study groups explored legalizing the 8-hour work day (along with its health implications and cultural meaning), occupational health and safety, maternity leave for pregnant and nursing mothers, child labor laws, and socialized medicine. They fought for birth control and against the criminalization of abortion. Along with Siegfried Bernfeld and Otto Fenichel, two of the most politically dynamic psychoanalysts, Simmel argued that theory and practice together – praxis – had a political impact that neither element alone could achieve. In this respect the Poliklinik had been a practical and ideological success as a free outpatient clinic. Looking for a way to expand on this

achievement, in 1921 Simmel started raising funds for an equivalent inpatient facility. In 1926, his vision became a reality.

Therapeutic Spaces

Freud and his colleagues in Berlin and Vienna were delighted. On 1 April 1927, Freud personally congratulated Ernst Simmel and added, with his usual sanguine outlook, 'I wish you now what you need above all, a little luck' (Deri and Brunswick, 1964, p. 102). The Schloss Tegel Sanatorium opened officially on 11 April for the residential treatment of profoundly troubled indigent people. Germany's Minister of Health and Education had guaranteed beds and agreed to deploy state physicians there for training. Housed in a small, 100-year-old castle on the outskirts of the city, the site of the Schloss Tegel Sanatorium evoked the leafy suburban life of pre-war Austria. 'It is half an hour by car from the city center, but beautiful and quiet, situated in a park a few minutes from Lake Tegel,' Freud (who would later stay there to retreat from personal illness and political fray) wrote to Ernest Jones (Paskauskas, 1993, p. 649). The analysts liked the building but had to refurbish it to make it into a working mental health facility.

Ernst Freud (youngest son of Sigmund), an architect with a growing reputation as a cool modernist interested in streamlined interiors and furniture, set to work. Schloss Tegels's small main building was surrounded by the von Heinz family's handsome park, where the patients and their analysts could walk around or meet on pretty stone benches. Ernst converted the two-story structure's (previously used as a sanatorium as well) 50 large and small rooms accommodating 74 patients to a more functional, simplified setting for 25–30 patients. Without sacrificing the formal elegance of the classic brick exterior, Ernst created a large, new, double-arched entrance with plants and wicker chairs to open up the space and please patients and staff. As his work was meant to promote a therapeutic environment, several large rooms were stripped of their ornamentation and converted into communal washing and eating facilities reminiscent of the Viennese *Gemeindebauten* buildings overseen by his former mentor, the urban architect Adolf Loos. Bauhaus-style white overhead lamps were hung from the ceiling to distribute light evenly over the patient and staff dining tables (the two groups shared communal meals). Hallways were cleared so that the rooms would open directly onto them, and a large area toward the back was fitted with an unusual round bathtub for hydrotherapy. Characteristic of Ernst's designs, the furniture was simple and bold, with deep-seated upholstered armchairs, round tables and the ubiquitous wood bookcase. Simmel was more than satisfied with the work. 'He not only provided us with adequate housing,' Simmel wrote to Ernst's father, 'but also helped me very much with advice in business matters. Whenever a danger threatened the

development of the whole enterprise, he repeatedly gave us practical help' (Deri and Brunswick, 1964, p. 101).

Where some analysts felt limited by traditionalist and psychosomatic approaches to the treatment of psychiatric disorders, Schloss Tegel appealed to their political progressiveness and to their clinical ambitions at once. It promised an authentic psychoanalytic environment with a core dialectical materialist understanding of the patients' often turbulent behavior, to apply psychoanalysis 'for the relief of those patients whose extremity is greatest and who hitherto have been condemned to death in life' (Simmel, 1929, p. 89). Those words resonated with the American psychoanalyst David Brunswick, a colleague who later regretted letting pass an opportunity for Simmel to start a sanatorium in Los Angeles. 'This was a pioneering enterprise,' Brunswick (1947) said, 'in which [Simmel] not only introduced psychoanalytic treatment of somatic illness, addictions, sexual offenders, schizophrenic borderline cases and other psychoses, but also saw to it that nursing and occupational therapy were carried out with psychoanalytic insight and aims' (p. 4). Sigmund Nussbrecher and Ludwig Jekels, both from Vienna, supervised the analytically trained medical assistants and nurses. Anna Freud's friend Eva Rosenfeld became facility manager in the summer of 1926. The stellar clinical staff included Moishe Wulff, Edith Wiegert-Vowinckel, Irene Haenel-Guttman, Rudolf Bilz, Karl Maria Herald, Helmut Kaiser, Alfred Gross, Frances Deri and Ludwig Fries.

Patients

At its height in the late 1920s, Tegel supported a ratio of one analyst to eight patients. Most were referred by the Berlin Institute and suffered from addictions and severe character problems or personality disorders. Psychotic patients (initially, only female) were first housed in a small private psychiatric asylum just down the road from Schloss Tegel until Simmel could accommodate them. A few with intransigent organicity were returned, after intake, to the Charité. But it was understood that these men and women – victims of odd hunger cures or electroshock, attempted suicide, or hopeless wandering from one physician to another – all too easily landed in prisons or asylums: where less politically astute clinicians might have seen the patients as hopeless, Frances Deri and Edith Wiegert deeply understood them as casualties of a larger system that doomed them to decompensation. If the Poliklinik was the embodiment of praxis in ambulatory care, so Schloss Tegel's merger of community organizing and individual, insight-oriented analysis would empower mainstream psychiatry's cast offs.

The first patient was a small, acutely anxious woman with interminable urges to wash away intense taboos against illness, surgery, death, burial and

mourning. Another sad woman who washed herself night after night was, in fact, incapacitated by legs deformed by elephantiasis: she had not walked or stood upright for the last 2 years because all horizontal furniture ‘condemned’ her to stay awake. The patients suffered horrendously, but so did their families, who feared suicide, phobic infection or sheer ruin from a spouse’s kleptomania or a father’s tragic gambling. It was Freud who told a husband that his wife’s sad obsessionism went beyond the scope of outpatient treatment and that he should take her to Schloss Tegel. Some family members felt constrained, Simmel realized, to heed the designated patient’s every symptom at home. He was one of the few psychoanalysts to speak out for both families and individual patients. Did the families really want to live this way, he wrote, with ‘hypochondriacs philosophizing at table about the quality of their nasal mucous and persons in depression daily proclaiming in audible tones their wish to die?’ (Simmel, 1929, p. 74). Taking a symptomatic person away from his or her brothers and sisters or parents or spouse actually gave both patient and family a measure of freedom to recover on their own (Salvador Minuchin and Nathan Ackerman would later elaborate on precisely these insights in family therapies).

Critics, then as now, might suggest that the new therapeutic community pandered to the patients’ anxieties, delusions and obsessive ceremonials; that a protected environment weakened recovery because it promoted dependence and, therefore, deprived patients of the opportunity to exercise free will and confront reality. To which Simmel (1929) responded, ‘One cannot take from a man what he himself voluntarily resigned: life in the real present’ (p. 78). And, since the patients’ disturbed psychic existence is only a pseudoreality, offering them a *new* reality is hardly a deprivation. This new reality has ‘physicians ready to help, kindly attendants, male and female, good food, artistic rooms and beautiful country surroundings’ (p. 78). Treatment starts slowly, perhaps during walks in the park with the analyst, until the whole world of clinic staff and patients becomes a recreated phantom family, grist for the analytic mill and ultimately personal authenticity.

Tegel could hardly afford to let a patient collapse completely and the staff did take measures to prevent it. The physicians, nurses and house personnel met early every morning to discuss cases around an oak table in the consulting room. The analysts reviewed what had transpired during patient sessions, and Mrs Bruenitzer, the housemother at the sanatorium, shared her observations of any new behaviors, noticed night or day. How to prevent a love affair, a suicide, a pseudocure, a rather amazing nonalcoholic intoxication in a recovering dipsomaniac? Faced with this last extraordinary patient’s insatiable morbid cravings during detoxification, Simmel assented to double and triple portions of food and withheld scolding when the patient cut off tree branches and then smashed a coffee set. A special nurse was assigned to him alone, and analytic sessions were held at the least sign of acting out or anxiety resulting from withdrawal, day or night. Once this total milieu of the mother-child

intimacy of feeding was recreated, 'the infantile phase spontaneously disappeared' and treatment progressed (Simmel, 1929, p. 86).

Not all treatments were so heroic, of course. Simmel reintroduced short-term psychoanalysis from his earlier work with shell-shocked soldiers and combined 'analytic-cathartic hypnosis with analytical discussion and interpretation of dreams,' that, he said, '... resulted in liberation from symptoms in two to three sessions' (Kaufmann, 1999, p. 140). He was determined to see his patients conform to the standards of civility accepted outside the facility, return to family or work in increments as treatment progressed, and eventually become conscious contributors to their unusual Weimarian community.

It could be a lively, though restless, place. 'Who are the seriously ill patients? The morphine addicts or the melancholics?' Anna Freud asked Eva Rosenfeld. 'And what are the doctors like?' (Heller, 1993, p. 162). On one hand, Anna delved into Simmel's project with a seemingly prurient curiosity; on the other hand, she foresaw which therapeutic conflicts could impede solid patient care. For one, there was the analyst's own risk of burnout. 'I think that the most difficult thing about dealing with the kind of patients you have in Tegel must be the disillusionment associated with the question of how much pure and how much merely applied psychoanalysis they need and can stand,' she wrote to Eva (p. 162).

The second problem, the risk of inaccurately assessing a patient's capacity to tolerate the anxiety provoked by analysis, was even weightier. Only seasoned analysts like Sndor Ferenczi, August Aichorn and Simmel could rightly be trusted with challenge. Less experienced clinicians, Anna worried, might misread a symptom like agitation as energy, or dejection as simple depression instead of as psychopathic withdrawal. Drawing an interesting link to child analysis, she suggested that the risk to psychotic people is compounded because, like children, they cannot recover on their own and additionally they lack the child's natural optimism.

Unfortunately, Tegel's minimal budget demanded low-priced personnel, and young, inexperienced analysts treated most patients. Simmel was an energetic man, but even he could not supervise these interns, analyze and administer the program at the same time. He was also competing against establishment psychiatric facilities such as the Charité in Berlin, with its clinically and politically conservative faculty, and a range of private sanatoria, including George Groddeck's in Baden Baden. Anna again took up her dramatic analogy between the Sanatorium's predicament and a child's fairy tale. 'An enterprise that can only be kept going when people are fed into it to be devoured and annihilated by it,' she wrote, 'is not viable in this day and age. This is how dragons were served in the olden days' (Heller, 1993, p. 165). Could Eva Rosenfeld hold off the dragons by hard work alone? Probably not, but everyone was still hopeful as long as they could meet daily expenses. Eva's title was 'matron' and the work, she said, was 'two-fold – on one hand, to deal with the

financial crises brought about by the crash of the Danat bank and, on the other, to cope with the therapists, patients and nurses. The latter might have been possible, although the work required immense physical resources: there were no lifts, nor any relief from the everlasting foot marches along the stupendous corridors – but the financial strain could not be borne’ (p. 39).

‘Lacking a Few Rich People’

Simmel pleaded for relief with the Minister of State Clemens Becker. ‘The very group of patients who need our treatment are without resources, precisely because of their psychoneurosis. I am constantly receiving letters from morphine and cocaine addicts and alcoholics begging for treatment, which mostly I cannot give them, or only at personal sacrifice’ (Brecht *et al*, 1990, p. 152). He made the point that his ‘aim [was] to produce in our patients responsibility for themselves’ (Simmel, 1929, p. 81) not idle acquiescence to their problems. It was not enough to recognize social inequality; one also had to tackle class conflict. Real freedom came from removing financial limitations for doctor and patient alike because, in a free clinic, neither can barter health for money. But Simmel’s ability to keep Schloss Tegel afloat never matched his political or clinical talents. Freud understood both dimensions. ‘I envy you the patience with which you are willing to go on in the struggle against those unreliable people [the Ministry of Health of the German government],’ he wrote. ‘The principle should always be not to make concessions to those who don’t have anything to give but who have everything to gain from us’ (Deri and Brunswick, 1964, pp. 102–103).

Becker was then the *Kultusminister*, the Prussian minister of art, science and education who professed an affinity for Freud’s work and welcomed his presence in Berlin-Tegel. Would Becker and his officials continue funding the Sanatorium? Freud, who found the facility vitally beneficial to himself and more generally to psychoanalysis, made the hospital’s financial predicament very clear to Becker. ‘It is difficult to support this work by private means alone,’ Simmel recalled his saying in a special meeting, ‘and its future depends upon whether you, for instance, Herr Minister, help us support such work’ (Simmel, 1937, p. 142). After the meeting, Freud told Simmel that the analysts should provide their government with enlightened leadership because the state always brandishes power (regardless of regime) and is indifferent to the troubles of ordinary people. He thought that Becker might be impressed if Simmel developed new research and training programs. Actually Simmel had planned to expand Schloss Tegel, now a semiclosed institution, by adding a locked unit for people with severe psychoses. But at the moment he was caught up in a three-way confrontation among the psychoanalysts’ experimental and humanitarian concerns, establishment psychiatry and the market imperatives of private landowners.

The von Heinz family, landlords of the nearby Schloss Humboldt, objected to a potential decrease in property values. 'As most people would shrink from the idea of settling near an establishment for the mentally ill,' the landlord wrote to Simmel, 'the nature and purpose of which, after all, cannot be hidden, my land would lose its value in an undesirable way' (Brecht *et al*, 1990, p. 55). The government sided with the landowner. Despite Becker's declarations of support for Simmel's project, the government agreed with von Heinz (whose home and horse stables still stand) that such an institution would harm investment and real estate speculation. So too did Dr Gustav von Bergmann, medical director of the Berlin Charité. 'It's not the misgivings of the medical faculty that are crucial,' he said, 'but the conviction that the psychoanalytic worldview is as one-sided as the purely somatic ... The principle of the psychoanalytic clinic as a program – as I see it – cannot be endorsed' even if psychoanalysis has merit when combined with medical therapies (Schultz and Hermanns, 1987, p. 61). With or without the closed unit, state support was withheld.

In May 1929, a fresh, younger group of supporters rallied to Simmel's cause and resolved to rebuild the clinic's financial base with a series of fund-raising programs. Marie Bonaparte undertook a campaign to raise an endowment. She had stayed at the sanatorium and had, Freud said, 'become intensely interested in the institution and decided for herself that it must not go on the rocks' (Deri and Brunswick, 1964, p. 105). The French psychoanalyst René Laforgue suggested that the Schloss Tegel incorporate and that IPA members buy stock, even in very small amounts. But by then either the good faith of IPA benefactors like Prynns Hopkins was overextended, or clinic directors like Ernest Jones (a fairly competitive person at any time) were nervous about losing their own funding. Jones complained to Max Eitingon that no sooner had Hopkins 'given £1000 to the London Clinic [than] the Princess [Marie Bonaparte] asked for money to save Simmel's sanatorium' (Jones, 1929).

Nevertheless, Freud sent out his own plea letter worldwide and augmented his annual contribution. And Anna, who had lived at Tegel for a few weeks while her father recovered from cancer surgery, remained cheerful about the sanatorium's future. She wrote a letter full of analytic metaphors to her friend Eva Rosenfeld. 'Tegel is ... an island of safety in the midst of city traffic ... ideal and more beautiful than ever,' she began, and unlike the bewildering mix of peace and confusion in analysis, country calm helps the mind rebound from city stress. 'Dr Simmel is in high spirits and full of hope,' she added (Heller, 1993, p. 122). Two weeks later she told Eva about Laforgue's plan. 'We are trying to found Tegel Incorporated, but are lacking a few rich people who could buy shares. I hope we bring it off' (Heller, 1993, p. 125). The petition was largely ineffectual, even among the London analysts who had valued the shares at £25 each (British Psychoanalytical Society, 1930).

Perhaps the failure of the petition was inevitable. Worldwide the economy had worsened, and in Germany's most recent elections the Nazis had won a

sudden and powerful victory, making them the country's second largest political party. Simmel's distress intensified. He trained new analysts, analyzed patients 5 to 6 hours each day, taught new courses and was generally driven to advance his own version of democracy. Perhaps hoping for some American funding, he invited Edith Jackson, a Boston physician then in Vienna for analysis with Freud, to visit. She was duly impressed. 'At the 'Psychoanalytical sanatorium,' she wrote to her sister, 'there are at present only 12 or 14 patients' (capacity is 25). I don't know that we have any such institutions in America, but I hope we will have. For it is excellent for people who need analysis to have the benefits of such pleasant and healthful surroundings with a slight amount of supervision and regulation' (Jackson, 1930).

Schloss Tegel closed in 1931. Eva Rosenfeld felt that 'the experiment broke down when parents and relatives of the patients wrote and declared themselves insolvent' (Heller, 1993, p. 39). Families refused to take back their troublesome, mentally ill relatives, who had finally, they thought, found appropriate caretakers. Some patients were discharged to institutions farther away from the city; others, to their own homes, where they could live independently and work as cleaners and cooks. Eva stayed on to manage the termination and find jobs for the staff. Like her friend Anna Freud, she never really believed Tegel would close. 'Ever since I have known Tegel, the specter of dissolution has hovered over it. It was so beautiful and perfect in its principles and objectives,' Anna eulogized in 1931, 'like a sort of dream; its insufficiencies and defects and the tight money situation didn't seem to fit in but to be added on as if by accident. I always had the feeling that they might disappear and then Tegel would be what it can be' (Heller, 1993, p. 167).

Sort of Dreams

In 1932, Simmel convened the Socialist Physicians' Union for a meeting titled 'National Socialism: Enemy of Public Health' and presented the broad outlines of a Marxist solution to Germany's worsening economic problems, in combination with a psychoanalytic explication of Hitler's Nazi activity (Simmel, 1932). Overtly Simmel seemed more interested in resolving the public health crisis than in alarming his audience, but he built his argument so strategically that, by the end, fascism and the quest for corporate medicine had become one. Formerly idealistic physicians, he thought, felt unable to spend enough time with their public patients, whose sheer numbers made for an assembly-line practice, exactly the circumstances he had wanted to avoid at the Poliklinik and at Schloss Tegel. This exploitation of public health doctors represented, to him, the simultaneous rise of capitalism and of fascism. Simmel explained that the ruthlessness required for this kind of competition was so merciless that it undermined mutual human trust and ultimately led to war.

A fascist government does the same thing: it replaces spontaneous individual human creativity with totalitarian conformity. In capitalism, the corporation's suppressed aggressive drives are released and, if unchecked, triumphantly acquire the rival's private property and wealth or profits. In fascism, the government unleashes its aggressive drives to gain property and power through war. In the end, both capitalism and fascism have war as a natural continuation of their goals. Hitler, he warned, was advancing on both fronts. Reading these passages from *The Socialist Physician* today, one is saddened to realize that Simmel was one of the few to speak up on record and equally saddened that the meaning of his dialectical analysis was lost exactly when Hitler's weapons started to fire.

But the Nazi roundup of Jewish doctors had started. The Mark Brandenburg group of Nazi storm troopers seized the Schloss Tegel buildings and detained Simmel. Ernest Jones (1933), unusually upset, wrote to Abraham Brill in New York: 'Simmel ... was arrested a fortnight ago but luckily got out of prison after a few days.' Brill and Jones discussed raising funds to send him to New York, but Simmel fled for safety to Switzerland. Even then he was not intimidated and, like his friend Otto Fenichel, stood his ground as an unapologetic Marxist in an increasingly corporatist world. 'People do not die from deadly bacteria alone,' Simmel told his friends, 'but rather from the fact that anyone exhausted from brutal exploitation by industry becomes easy prey for whatever germs they happen to encounter' (Goggin and Goggin, 2001, p. 50)

On reaching Los Angeles in 1934, Ernst Simmel began any number of psychoanalytic projects. David Brunswick (1947) dubbed him 'The Organizer' and remembered Simmel as a 'very friendly man, with dignity and a great deal of energy, and very intelligent' (p. 1), who wanted to build a psychoanalytic sanatorium that would replicate Schloss Tegel. Simmel intended to name this one after Freud. But 5 years later, both men realized that, while they could talk about projects and politics, the world had changed. 'Your Sanatorium is not yet completed,' Freud wrote to Simmel on 9 January 1939 with New Year's greetings. 'If at the time of its opening I am no longer alive you can do as you please. If contrary to expectations I am still here, a cable from you will make a quick decision possible' (Deri and Brunswick, 1964, p. 108).

In recent years Schloss Tegel's lovely sloping park, where Anna Freud and her father each found a peace they could call their own, has been reopened to all. Almost everything about the Sanatorium had been so gratifying – from Ernst Freud's interior designs and his father's concerned support of the staff's unique psychoanalytic work – that the hardships barely mar its poignant record. None of it would have worked, of course, if Ernst Simmel had not marshaled such an energetic group to implement his belief that political and psychoanalytic theory were, in fact, one. Max Horkheimer (1948) understood this well: together, Simmel and Freud were 'relentless enemies of intellectual superstructures [and]

the metaphysical hiding places of the mind' (pp. 110–111). They brought a distinctive verve to Schloss Tegel that made psychoanalysis elegant, honorable and egalitarian to the end.

About the Author

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References

- Alexander, F. (1951) Psychoanalytic training in the past, the present and the future – A historical view. Address to the Association of Candidates of the Chicago Institute for Psychoanalysis, Archives of the Chicago Institute for Psychoanalysis (by permission).
- Brecht, K., Friedrich, V., Hermanns, L.M., Kaminer, I.J. and Juelich, D. (eds.) (1990) *Life Goes on in a Most Peculiar Way: Psychoanalysis Before and After 1933*. In: H. Ehlers (ed., English edition) and translated by C. Trollope. Hamburg, Germany: Kellner.
- British Psychoanalytical Society. (1930) Minutes of the Board meeting of 15 January 1930, FSA/4. *Archives of the British Psychoanalytical Society*, (by permission).
- Brunswick, D. (1947) Simmel, The Organizer. Speech at Simmel Memorial Meeting of the Los Angeles Psychoanalytic Society, 13 December Archives of Los Angeles Psychoanalytic Society.
- Deri, F. and Brunswick, D. (1964) Freud's letters to Ernst Simmel. *Journal of the American Psychoanalytic Association* 12(1): 93–109.
- Falzedo, E. and Brabant, E. (eds.) (1996) *The Correspondence of Sigmund Freud and Sandor Ferenczi, Vol. 2, 1914–1919*. Cambridge, MA: Belknap Press of Harvard University Press.
- Freud, S. (1918, 1955) Lines of Advance in Psychoanalytic Psychotherapy. *Standard Edition* 17. London: Hogarth Press, pp. 157–168.
- Goggin, J. and Goggin, E.B. (2001) *Death of a 'Jewish Science': Psychoanalysis in the Third Reich*. West Lafayette, IN: Purdue University Press.
- Heller, P. (1993) *Anna Freud's Letters to Eva Rosenfeld*, Translated by M. Weigand. Madison, CT: International Universities Press.
- Horkheimer, M. (1948) Ernst Simmel and Freudian Philosophy. *International Journal of Psycho-Analysis* 29: 110–113.
- Jackson, E. (1930) Letter to Helen Jackson, 11 May 1930. Series 1, Box 1, Folder 3, Edith Banfield Jackson papers, Schlesinger Library, Radcliffe Center for Advanced Study, Harvard University (by permission).
- Jones, E. (1929) Letters to M. Eitingon M. 9 March 1929. Document # CEC/FO1/30; and 15 March 1929. Document # CEC/F01/31, Archives of the British Psychoanalytical Society (by permission).

- Jones, E. (1933) Letter to A.A. Brill, 2 December 1933. Document # CBO/FO4/28, Archives of the British Psychoanalytical Society (by permission).
- Kaes, A., Jay, M. and Dimendberg, E. (eds.) (1994) *The Weimar Republic Sourcebook*. Berkeley, CA: University of California Press.
- Kaufmann, D. (1999) Science as cultural practice: Psychiatry in the First World War and Weimer Germany. *Journal of Contemporary History* 34(1): 125–144.
- Paskauskas, R.A. (ed.) (1993) *The Complete Correspondence of Sigmund Freud and Ernest Jones, 1908–1939*. Cambridge, MA: Belknap Press, Harvard University Press.
- Schultz, U. and Hermanns, L.M. (1987) Das Sanatorium Schloss Tegel Ernst Simmels: Zur Geschichte und Konzeption der ersten Psychoanalytischen Klinik. *Psychotherapie – Psychosomatik – Medizinische Psychologie* 37: 58–67.
- Simmel, E. (1925) *Der Sozialistische Aerzte [The Socialist Physician]*, 1.
- Simmel, E. (1929) Psycho-analytic treatment in a sanatorium. *International Journal of Psycho-Analysis* 10: 70–89.
- Simmel, E. (1930) On the history and social significance of the Berlin psychoanalytic institute. In: M. Eitingon, E. Simmel, O. Fenichel and K. Horney (eds.) *Zehn Jahre Berliner Psychoanalytisches Institut, 1920–1930*, republished 1970 as *Berliner Psychoanalytisches Institut der Deutschen Psychoanalytischen Vereinigung*. Meisenheim, Germany: Anton Hain.
- Simmel, E. (1932) *Der Sozialistische Aerzte [The Socialist Physician]*, 8.
- Simmel, E. (1937) The psychoanalytic sanitarium and the psychoanalytic movement. *Bulletin of the Menninger Clinic* 1: 133–143.
- Simmel, E., Ferenczi, S., Abraham, K. and Jones (1918, 1921) *Psycho-Analysis and the War Neuroses [Kriegs-Neurosen und Psychisches Trauma]*. London: International Psycho-Analytical Press.