An Honors Thesis (HONRS 499)

Adolf Hitler: Psychological Diagnosis of a Madman

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Abstract

The mind of Adolf Hitler has been widely studied and written about since his death on April 30, 1945. Academicians, especially psychologists, have spent a great deal of effort trying to diagnose the mental illnesses that probably afflicted Hitler. This project is an attempt to diagnose the mental illnesses that disturbed Hitler, based on a thorough analysis of six critical aspects of his life: early family history; significant relationships; political career; leadership style; medical history; and decline and death. A Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) diagnosis is offered as well as a psychoanalytic analysis of this diagnosis. Prognosis and treatment recommendations are also provided. This analysis is meant to provide a fresh perspective on the mental health of Adolf Hitler.
Adolf Hitler: Psychological Diagnosis of a Madman

Adolf Hitler may be one of the most studied men in all of history. Historians, political scientists, psychologists, and other academicians have written books upon books about the life and career of Hitler, and with good reason. He promised his motherland of Germany great things when he took over as ruler of the vast country in the 1930’s. The German people were eager to have him as their fearless leader and were confident in his ability to turn around their poverty-stricken country. He could speak to a crowd and invoke a sense of urgency and patriotism in a way that few other leaders have ever been able to achieve. However, he also led his country to their downfall during World War II. He massacred seven million Jews and several millions of other people. He likely committed suicide to prevent his capture and probable imprisonment for his war crimes and atrocities. The greatest topic of discussion about Hitler was his mental health and stability. Many assume that he must have been mad and that no other explanation can exist for such a person to commit the crimes he did. Hitler certainly had some mental disorders that contributed to his seeming madness, but there is no specific psychiatric diagnosis for someone who commits mass murder. Instead, Hitler must be analyzed and diagnosed by looking at his actions and behaviors throughout his entire life. Here, substantial background information about Hitler’s life is presented; a probable diagnosis, based on DSM-IV guidelines, is provided; a psychoanalytic analysis of this diagnosis is offered; and a treatment plan, based on psychoanalytic theory, is outlined. This information provides a thorough look into the madness that infamously characterizes Adolf Hitler.
Background

Early Family History

Adolfus Hitler was born on April 20, 1889, at six o’clock in the evening to Alois and Clara Hitler at the Pommer Inn in the small border town of Braunau, Austria. The newborn was described as a weakly, frail child, but no data about birth weight or early growth have been preserved. Pictures of young Adolf would actually suggest that he was a healthy, well-fed boy because of his angelic features and round, fat body. Adolf had two older half siblings, Angela and Alois, and two full-blooded younger siblings, Edmund and Paula. According to reports, they were all very mischievous, noisy children but generally allowed to do as they pleased without reprimand (Payne, 1973; Redlich, 1998).

When Adolf was three, the family moved to Passau, Germany, where his father worked as Higher Customs Officer for the Austrian government. Hitler’s father was quickly given a higher position and was moved to the town of Linz. Edmund, Adolf’s youngest brother, was too young to travel, so Clara and the children remained in Passau for another year. In this time, Hitler fell in love with the town and for the rest of his life would identify himself as more German than Austrian. He was young and impressionable and grew to love the city life. Hitler even spoke in the German accent of Passau for the remainder of his life (Payne, 1973; Redlich, 1998).

Historians also note that, during his time in Passau, Hitler was allowed to do whatever he wanted by his indulgent mother, and there was no father to warn and chastise him. The older siblings were at school and Edmund was too young to challenge young Adolf’s reported hold on Clara’s affections. But this freedom came to an end in 1895
when Alois decided to retire and move the family to a small town called Hafeld. This same year Adolf was enrolled in school, shortly after his sixth birthday. Adolf did well in school, earning high marks, when the family lived in Hafeld. But Alois reportedly was not satisfied with the level of education that was being provided at the country school that Adolf was attending. The family moved around a few times in the next three years, finally settling down in Leonding in 1898. Adolf notably continued to do well in school until Edmund, his youngest brother, died of the measles in 1899 (Payne, 1973; Redlich, 1998).

From this time forward, Hitler reportedly performed terribly in school. In September 1900, Adolf started classes at the Realschule, a four-year school that emphasized science and modern languages, at the demand of his father. Alois insisted that Adolf get the education that had been denied himself as a young man. Adolf was apathetic about school and consistently failed his courses, perhaps because he was uninterested in classes. According to Redlich (1998), one teacher said of him, “He was not diligent, because otherwise, with his talent, he would have been more successful; he could draw well, could do well in the sciences, but his desire to work always disappeared rapidly.” Instead, he reportedly spent most of his time in pursuit of learning topics that interested him. He read most anything he could get his hands on, becoming particularly interested in the writings of Karl May, an action-adventure author who published stories about American Indians and the Wild West. Adolf also spent much of his time drawing, the one thing he expressed that he truly felt he was good at doing. Hitler continued his education at the Realschule, barely graduating. That, however, was the end of his formal education (Payne, 1973; Redlich, 1998).
Payne (1973) reported that Alois Hitler died on Saturday, January 3, 1903, from an apoplectic stroke. There are no records that show Adolf was particularly upset over the death of his father. He became head of the house at age thirteen. Fortunately, his father had left the family with plenty of money, and they continued to live comfortably. After Alois Hitler's death, the family stayed in Leonding until 1905, when Clara moved the family into city of Linz. In the winter of 1906, Clara became very ill. She did not seek medical treatment until the summer of 1907, when it was discovered she had a large tumor in her breast. She underwent surgery and had a long stay in the hospital in Linz, but eventually the cancer took over. Clara Hitler died on December 21, 1907, reportedly much to the despair of Adolf and the other children. He continued to live with the remaining family in Linz for a while, but decided to move to Vienna on February 18, 1908. Hitler was only eighteen (Payne, 1973; Redlich, 1998).

**Significant Relationships**

Hitler reportedly shared little of himself with others throughout his life. He historically had few friends and was untrusting of most people. The few close relationships that he did have were characterized by jealously and over-protectiveness. The relationships described below are those most noted in text about Adolf Hitler and seem to provide the most insight into his character and pathology.

*Clara Hitler – Mother.* Adolf Hitler had a very close relationship with his mother. From the time he was born, he was lavished with love and attention from Clara. She was quite indulgent and spoiled Hitler, often giving into his requests for sweets and other types of treats after already having his share. Adolf allegedly was even allowed to sleep in his parents’ bedroom until he was seven, much to the dislike of Alois. Clara
never punished Adolf or any other children; she left that task up to Alois. This likely made Adolf more of a mother’s boy, or a Muttersohnchen. The older children were off at school while Adolf was little, so he had Clara all to himself until Edmund was born. Even then, Clara spent much of her time with Adi, as she reportedly called him. When Clara was stricken with cancer, Hitler barely left her side in her last few days, supposedly vowing he would never find a woman as great as his mother (Redlich, 1998).

Alois Hitler — Father. Hitler’s relationship with his father was allegedly nothing like the one he had with his mother. Alois Hitler was hardly at home, often being out of town for long periods because of his job with the government. All of the children supposedly irritated Alois, especially little Adi. The brothers were provocative and disobedient and received frequent whippings, which supposedly did not change their behavior. Alois Hitler also used ridicule and shame to try to make Adolf behave properly. According to Redlich (1998), one time Hitler tried to escape out of his bedroom window to avoid being punished and had to strip his clothes off to fit through it. On his way out, he heard his father’s footsteps and quickly got back inside his room and only had enough time to throw his bed sheet around himself. Hitler feared that his father was going to whip him. But instead, Alois mocked Hitler by calling Clara into the room to see the “little toga boy.” Hitler later confided to a friend that it took him a long time to get over that episode and that he always feared his father’s scorn more than his whippings. This may explain why there are no accounts of Hitler having great grief when his father died. Hitler struggled to live up to his father’s expectations and it may have been a relief to have him gone (Redlich, 1998).
August (Gustl) Kubizek – Childhood Friend. Hitler met August Kubizek in August of 1905. Both boys were around the same age and they became fast, close friends. In fact, Gustl, as Hitler called him, was apparently Adolf’s only friend. They met at the opera house in Linz, where Hitler was a frequent attendee. Gustl studied music, and this fascinated Hitler. He supposedly loved to listen to the music that Gustl played and composed. Reportedly, Gustl was also willing to listen to the many long speeches that Hitler would spew out with great passion about almost any topic that came to mind. The two remained close friends, spending almost everyday together, until Hitler moved to Vienna. They reportedly remained friends until Hitler’s death in 1945 (Payne, 1973; Redlich, 1998).

Angela (Geli) Raubal – Niece and Lover. Geli Raubal was the daughter of Angela Hitler, Adolf’s oldest half sister. Hitler met Geli through her father, Hitler’s photographer at the time. He appointed himself guardian of Geli when her parents died, sometime in 1929. At the age of twenty-one, she moved into his apartment. They reportedly had a sort of love-hate relationship - Hitler keeping Geli at arm’s length but other times not letting her out of his sight. She supposedly stayed with him for fear that she would be cut off financially, since he was her legal guardian. On September 18, 1931, Hitler and Raubal reportedly had a fight. The details of the quarrel are not fully known, but a few hours later, Hitler’s maid found Geli dead on the apartment floor. Autopsy reports showed she shot herself through the heart with Adolf’s Walter 6.35 revolver. Hitler was reportedly shattered and tried to commit suicide several times after Geli’s death. He allegedly carried her picture with him (right beside the picture he kept of his mother) everywhere he went for the rest of his life (Payne, 1973; Redlich, 1998).
Eva Braun – Lover and Wife. Hitler met Eva not long after he met Geli Raubal. They met in a photographer’s shop, where Eva did some modeling, in 1929. Hitler allegedly kept Eva and Geli away from each other, but after Geli’s death, the two became increasingly close. Hitler reportedly treated Eva much the same way that he treated Geli. Eva even attempted suicide in 1932 after a quarrel with him, but she was unsuccessful. She resided with him all through his reign of Germany, living in lavish luxury but reportedly receiving little attention from Adolf, unless it was of a sexual nature. However, she purportedly loved the life that Hitler was able to provide her and stayed with him. They married the day before their double suicide and ended their lives together on April 30, 1945 (Payne, 1973; Redlich, 1998).

Political Career

Hitler began to be an ardent German nationalist while he lived in Linz. His nationalist ideas were, apparently, reinforced and made even stronger when Hitler moved to Vienna in 1908. He had very ethnophobic ideas, rejecting anything that was not German – quite common in Germany during this time. In fact, during his younger years, Adolf did not hold a particularly strong hatred towards Jews – this would not manifest itself until years later, after the death of his mother and Germany’s defeat in World War I (Redlich, 1998).

Hitler, according to accounts, tired of Vienna, and moved to Munich just before the outbreak of World War I. In August 1914, Hitler enlisted in the army and became a private in the Sixth Battalion of the Bavarian Infantry Regiment Number 16. He served in World War I and was, reportedly, greatly disappointed by the defeat of Germany. Soon after, Hitler began his career as a political writer, now beginning to express strong
anti-Semitic views. This led to his enlistment in the National Socialist German Worker’s Party in 1919, where he was able to propagate his views to a much wider audience. Through his skills as a public orator, Hitler worked his way up through the Party to become Chairman of Propaganda. Hitler pushed for more power over the party, and on July 11, 1921, Hitler gained dictatorial power of the National Socialist German Worker’s Party. He would be the party’s recommendation for Chancellor in the upcoming German election (Payne, 1973; Redlich, 1998).

The Party and Hitler decided to try and overthrow the German government in the famous Berlin Putsch, November 8-9, 1923. They were unsuccessful, and Hitler was jailed from January 8 to December 20, 1924. He served less than one year of his five-year sentence. This is where Hitler began to write Mein Kampf. Hitler published the book in 1925 and continued to speak out against the Jewish population for the rest of his political career (Payne, 1973; Redlich, 1998).

He was popular within the National Socialist German Worker’s Party and fought to become head of the party. Hitler pushed his way to the top, reportedly having no intention of stopping until he became Chancellor and Fuhrer of Germany. His dream partially came true on January 30, 1933, when Hitler became the Chancellor of Germany. A year and a half later President von Hindenberg, the president of Germany, died. On August 1, 1934, Adolf Hitler then also became the Fuhrer of Germany. Being Chancellor of Germany made Hitler the head of the civilian government, while being Fuhrer made Hitler Commander in Chief and head of the German armed forces. This combination gave Hitler power over all of Germany, and the world would witness just how powerful
this one man had become. The rest of Hitler’s reign would become history (Payne, 1973; Redlich, 1998).

_Leadership Style_

From 1918 until Hitler’s rule as Chancellor began in 1933, Germany had had twelve different chancellors and eight parliamentary elections, with no political party gaining majority. The German nation probably accepted Hitler as their ruler because he promised them something they had not had in a long time – a stable, powerful, and greater Germany than had ever existed. He appealed to the common citizens because he was a common soldier who rose to greatness from humble roots. He was a war hero who knew the struggles of Mother Germany (Waite, 1998).

Hitler used his terrific rhetoric skills to engage his audience. He was a powerful orator, demanding every audience member’s attention. According to Redlich (1998), Gertrud Scholtz Klink, a National Socialist politician, recalled the first time she heard Hitler speak. She could not see him, but she heard him clearly. She said, “I felt as if I were paralyzed. Although there was a great deal in his speech that I didn’t understand, I was still fascinated, and I sensed that the audience was in bondage to this man.” Gustl Kubizek, Hitler’s childhood friend, later recalled how young Adolf could talk at length about any topic and get so worked up about it that often times people would stop to listen. He had a powerful effect on people even as a young man (Payne, 1973; Redlich, 1998).

Hitler also encouraged audience participation during his speeches. “Sieg Heil!” became the mantra of the nation while Hitler was in power. This chant excited the audience and made them feel they were important members of the National Socialist Party. Hitler supposedly would work himself into a frenzy, yelling, spitting and banging
his fists - often working the audience members into yelling and screaming of their own (Redlich, 1998; Waite, 1998).

Hitler also knew how to use fear to rule his country. His use of unpredictable terror made the people feverishly support his government, even if only for fear of what might happen otherwise. Hitler made it clear that he did not tolerate dissent from anyone, regardless of rank. He reportedly made an example of three hundred army officials by having them murdered for their alleged homosexuality. He later stated that this was done for the good of the country and would be done as many times as necessary to rid Germany of its problem citizens (Redlich, 1998; Waite, 1998).

Hitler ruled his nation through the use of fear, but he was also consumed with suspicion. He was reportedly distrustful of everyone, even his closest advisors. He kept police around him constantly, fearing assassination and attempts at being overthrown as ruler. He also kept the nation closely monitored by the German Secret Service in order to squelch any attempts on his life or his rule. He assumingly disguised his suspicion by ruling through the power of fear (Redlich, 1998).

Hitler allegedly did not believe in making policy decisions by carefully reading documents. He would instead make a decision based on intuition. Once a decision was made, he reportedly never altered it for fear it may ruin his reputation. It is possible this is the one thing that brought the downfall of Hitler's Germany. Had he been willing to change the decisions he made in the last months of World War II, he may have been able to save Germany and ultimately himself (Redlich, 1998).
Medical History

Adolf Hitler was born a relatively healthy child, with no major medical anomalies known to be reported at the time of his birth. Based on some indirect evidence, however, it is likely that Hitler suffered from spina bifida occulta, a congenital incomplete occlusion of the vertebral canal that does not affect the spinal cord or meninges and manifests mild or no symptoms. It is also highly likely that Hitler was born with hypospadia, a congenital condition in which the opening of the urethra is located on the underside of the penis. Hitler was also lacking his left testicle at birth. This information historically was not reported at the time of his birth but was reportedly confirmed upon his autopsy. Hitler supposedly also began to suffer from respiratory problems when he was sixteen. It is most likely he had consumption, a respiratory ailment that had a long history in the Hitler family (Payne, 1973; Redlich, 1998).

Adolf Hitler allegedly remained a relatively healthy adolescent and adult until the 1930’s. During this time, Hitler began to be heavily involved in German politics and eventually held office. While Dictator of Germany, Adolf Hitler suffered three major illnesses: gastrointestinal, neuropsychiatric, and cardiac in nature. The gastrointestinal illnesses reportedly caused him the most physical pain. He would have severe cramping in his right upper abdomen, followed occasionally by vomiting and fever. Sometimes this condition would incapacitate him for days; other times it would only cause mild soreness and discomfort. The pain would allegedly last for days and then not appear again until months later, but it would continue to afflict Hitler for the rest of his life (Heston & Heston, 1979; Irving, 1983).
The second major illness Hitler suffered was neuropsychiatric in nature. In the autumn of 1942, the first unequivocal sign of this disorder emerged. Hitler's staff received a report that a few German soldiers had climbed Mount Elbrus and there planted the German war flag. Hitler reportedly exploded, raging for hours that his entire war plan had been destroyed by the sport of these few soldiers. Hitler's reaction to this intelligence was reportedly grossly disproportionate to the situation. This is allegedly the first time that Hitler's staff made any account of Hitler becoming so enraged over a minor setback. This episode was the first of many to follow (Heston & Heston, 1979).

Hitler also purportedly became very impulsive during this time, a related change commonly seen in association with pathological anger. Before this time, Hitler was noted for keeping his options open as long as possible and for his delay in routine administration. However, his decisions reportedly became irrational and unpredictable, much as his anger. Along with his impulsiveness, Hitler became obsessed with detail and began to manifest mental rigidity. Hitler's thoughts reportedly became disorganized and increasingly suspicious, and most notably, his mood changed. Hitler was treated for symptoms of depression five times between 1932 and 1944. Adolf Hitler obviously suffered from some mental illnesses, but a definitive diagnosis was never made while he was alive (Payne, 1973; Heston & Heston, 1979; Irving, 1983).

The third major illness that Hitler suffered from was heart disease. Hitler was diagnosed with arteriosclerosis in July 1941, a condition in which the arteries of the heart become hardened. Then in June 1943, Hitler suffered a myocardial infarction – a heart attack. This information was never released because Hitler supposedly feared that his staff would see him unfit to be Dictator and overthrow him. Hitler also had a history of
high blood pressure, was overweight, and was under considerable stress from the war, so it should be of little surprise that he suffered from a heart condition. However, the heart attack did not kill him. All these ailments afflicted him until his suicide. It has been speculated by physicians that he could have lived a long life had he not committed suicide. The medical problems that he manifested were being treated quite successfully at the time with drug therapy (Heston & Heston, 1979; Irving, 1983).

Hitler's physicians used a wide array of treatments to ease the afflictions he suffered. Hitler's diet was altered, he was given injections of vitamins and minerals, and pills of various compounds were administered several times a day. Hitler, reportedly, was also treated with many more powerful drugs. Narcotics, especially morphine, were used to treat his abdominal pains. Barbiturates were used to treat the insomnia that often occurred during his depressive episodes. Methamphetamine injections were given nearly every morning before he got out of bed. These addictive drugs reportedly were all administered under the direct supervision of Hitler's physicians and continued until the time of his death (Heston & Heston, 1979; Irving, 1983).

Decline and Death

By the middle of April 1945, Hitler and his staff knew that the Reich was in trouble. Russian troops had control of several German cities, such as Berlin and Charlottenberg. American troops were soon to follow behind the Russians. On April 29, 1945, three messengers were sent from the Reich Chancellery to relinquish Hitler's command over Germany and to be assured that he would be safe from the incoming Russian troops. Several of Hitler's officers and he reportedly decided that he could not
be captured. He evidently decided to take his own life in order to remain a hero in the
eyes of Germany (Payne, 1973; Redlich, 1998).

The day before his death, Hitler apparently busied himself with many ceremonial
duties, such as deciding what to wear, what to eat, and how to commit suicide. Hitler
reportedly decided that he needed to die a married man; it was the only respectable way
for the Fuehrer to die. Adolf Hitler and Eva Braun found a justice of the peace and were
married less than one day before their deaths. This last day was also spent preparing
wills and sending final dispatches to field commanders and secretaries. Plans were made
about the execution of the suicides, as well. It was decided that Hitler and Braun would
take potassium cyanide poisoning and then shoot themselves in the head to assure their
deaths. Great measures would be taken to ensure that neither was left alive to take as a
prisoner (Payne, 1973; Redlich, 1998).

Adolf and Eva enjoyed their last meal together of spaghetti and tomato sauce
sometime in the early afternoon. Reportedly around three o’clock in the afternoon,
Hitler and Braun began their goodbyes to some of the members of Hitler’s staff. Adolf
and Eva retreated to their room in the Berlin bunker and closed the door. Allegedly, a
shot was heard, and when the staff members entered the room, Hitler was found with a
gunshot wound to the head and Eva was slumped over beside Hitler on the couch. The
potassium cyanide capsules were found empty beside her. Their bodies were carried
from the bunker and set on fire outside the Reich Chancellery. Then their ashes were
scooped up and buried in the Chancellery gardens. On April 30, 1945, the reign of Adolf
Hitler had ended (Payne, 1973; Redlich, 1998).
DSM-IV Multiaxial Diagnosis

Axis I: 300.81 Somatization Disorder

A. A history of many physical complaints beginning before age 30 years that have occurred over a period of several years and have resulted in treatment being sought and significant impairment in social and occupational areas of functioning.

B. Manifests pain symptoms in various sites, including the head abdomen, chest, and back.

C. Displays gastrointestinal symptoms including pain, nausea, bloating, and vomiting.

D. Demonstrates a sexual symptom, including sexual indifference.

E. Shows pseudoneurological symptoms, including deafness and loss of hearing.

F. The physical complaints and resulting social and occupational impairment are in excess of what would be expected from the history, physical examination and laboratory findings.

G. The symptoms are not intentionally produced or feigned.

304.80 Polysubstance Dependence, with physiological dependence

A. Using three groups of substances, including amphetamines, opioids, and sedative-hypnotic-antxiolytic substances.

B. Tolerance, indicated by a need for markedly increased amounts of the substances to achieve intoxication and desired effect.
C. Withdrawal, indicated by the need to take the same and closely related substances to relieve and avoid withdrawal symptoms.

D. The substances are taken in larger amounts and over a longer period than was intended.

E. A great deal of time is spent in activities necessary to obtain the substances, including visiting multiple doctors.

R/O 296.32 Major Depressive Disorder, Recurrent, Moderate

R/O 296.52 Bipolar I Disorder, Depressed, Moderate

Axis II: 301.81 Narcissistic Personality Disorder

A. Has a grandiose sense of self-importance.

B. Is preoccupied with fantasies of unlimited success, power, and brilliance.

C. Has a sense of entitlement; unreasonable expectations of automatic compliance with his expectations.

D. Is interpersonally exploitative; takes advantage of others to achieve his needs.

E. Shows arrogant, haughty behaviors and attitudes.

R/O 301.7 Antisocial Personality Disorder

Axis III: Arteriosclerosis

Myocardial infarction

Insomnia

Gastrointestinal pain/cramping

Spina bifida occulta
Consumption

Hypospadia

Congenital lack of left testicle

**Axis IV:** Problems with primary support group

Problems related to social environment

Problems related to interaction with legal system/crime

Other psychosocial and environmental problems

**Axis V:** Present: 30

Past Year: 55

*Rationalization*

Adolf Hitler presented with symptoms that fall under the classification of Somatization Disorder, an Axis I disorder. Clinical disorders are generally shorter in duration than Axis II Personality Disorders and Mental Retardation in that clinical disorders do not have to last the entire span of a patient’s life. Somatization Disorder is one of the Somatoform Disorders, the common feature being that there is a presence of physical symptoms that suggest a general medical condition but cannot be fully explained as such (APA, 1994).

Hitler manifested symptoms that fit each set of diagnostic criteria for this disorder. There is much reported evidence that he suffered many physical complaints before the age of thirty years that occurred frequently. He sought treatment for several disorders, especially during the latter part of his life. He had a history of pain in his head, related to the migraines he suffered; his abdomen, including the gastrointestinal pains he experienced; his chest, evident by his heart failure and heart attack; and in his back,
reportedly suffering from muscle spasms. He manifested unexplained gastrointestinal symptoms for much of the latter part of his life, as well, including nausea, bloating, cramping, and vomiting. He reported problems with a lack of interest in sexual activity. His confidants and relatives also noted that he rarely had any sexual interest in either males or females. Hitler also manifested symptoms of a pseudoneurological syndrome. He often reported a buzzing in his ears that could not be explained by an actual hearing deficit. His symptoms were in excess of what they should be for the particular ailment, and, at times, could not even be explained by any actual illness. These symptoms, however, did not appear to be feigned or intentionally produced, as reported by his physicians (Payne, 1973; Irving, 1983; Redlich, 1998).

Hitler's medical history indicates that he also meets the criteria for another Axis I disorder. It was widely documented that Hitler used many chemical substances, prescribed mainly as medication. However, his use also fits the criteria for having Polysubstance Dependence, with a physiological dependence. He used three substances: amphetamines, opioids, and sedative-hypnotic-anxiolytic substances. Hitler had an increasing tolerance to the drugs, noted by his personal physician, Theodor Morell, who documented Hitler's need for more of the drugs after a month's worth of use. Hitler also had withdrawal symptoms. He began using similar substances, to avoid withdrawal symptoms, after Morell tried to take him off the opioids and amphetamines. Hitler reportedly forced Morell to continue prescribing these drugs, however, when the substitutes did not produce the desired effects he wanted. Hitler also spent much of his time visiting with physicians, seeking more medications for his pains and illnesses. The time spent with all these doctors often took away from his political duties, which is the
reason he gave for not letting the public know he was sick. The physiological
dependence is evident by his tolerance for the drugs and his need to suppress withdrawal
symptoms (Irving, 1983).

Hitler notably had a documented history of major depressive symptoms; however, upon his death by suicide, he could not be diagnosed with this disorder because his symptoms are better accounted for by bereavement. Hence, this diagnosis has been ruled out. Hitler presented with weight gain, insomnia, depressed mood most of the day, fatigue and loss of energy nearly every day, and recurrent suicide attempts and ideations. Hitler’s weight gain is evidenced by photos of him during his later years and was also reported by his physicians. He reportedly used many medications to help him sleep and then also to wake him up in the morning, according to medical records. Hitler also reportedly suffered from a depressed mood for several weeks at a time. And most importantly, Hitler allegedly attempted suicide several times before making a successful attempt at the end of World War II. Despite the fact that Hitler met full criteria for this disorder at the time of his death, these symptoms can be better accounted for by bereavement. Reportedly, Hitler suffered from these recurrent depressive episodes after the death of loved ones, most notably after the death of his mother and Geli Raubal. Hitler did indeed suffer from major depressive episodes but the bereavement qualifier prevents a diagnosis of Major Depressive Disorder, Recurrent, Moderate (Payne, 1973; Redlich, 1998).

Hitler also manifested symptoms of Bipolar I Disorder, Depressed, Moderate. Hitler had suffered most recently from a Major Depressive Episode, reportedly after the death of his niece and lover, Geli Raubal. Hitler also reportedly had a history of at least
one Manic Episode, presenting with symptoms of inflated self-esteem and grandiosity, decreased need for sleep, and feeling pressure to keep talking. His grandiosity and feeling pressured to keep talking was evidenced by his excessive and frenzied speeches. It was also well documented by physicians that Hitler suffered from insomnia and used medication to help him sleep. However, despite meeting these criteria for Bipolar I Disorder, a diagnosis of this disorder cannot be given because the symptoms may be related to the excessive use of medication and polysubstance drug use. Hitler reportedly used a variety of medications, namely amphetamines, opioids, and sedative-hypnotic-anxiolytic substances, that could likely have induced symptoms similar to those of Bipolar I Disorder. For this reason, a diagnosis of Bipolar I Disorder, Recurrent, Moderate must be ruled out (Payne, 1973; Redlich, 1998).

Hitler also manifested at least one Axis II Personality Disorder. Several of his behaviors fit the criteria for Narcissistic Personality Disorder. This disorder is characterized by a pervasive pattern of grandiosity in fantasy or behavior, a need for admiration, and a lack of empathy, all beginning in early adulthood and being present in a variety of contexts. Hitler was known for his grandiose sense of self-importance; he thought himself important even before he became the Furher. This is evident by the frequent sidewalk speeches he would give when he was younger, as noted by his friend Gustl Kubizek. Hitler was also preoccupied with fantasies of unlimited power, success, and brilliance. Hitler dreamed of becoming the Furher of Germany as soon as he entered politics. He often reported to his friends and family his desire to be the most powerful and successful man in the entire world. Hitler also displayed unreasonable expectations of automatic compliance with his demands. Hitler was reported to become overly irate
with his soldiers and officers if they did not do what he asked without hesitation. He allegedly expected everyone to follow his command without question. Hitler was also exploitative of his personal acquaintances. He would often take advantage of others to achieve his own ends. For example, he reportedly married Eva Braun, not out of love, but because it was more appropriate for the Fuhrer to be married. Hitler was also arrogant and haughty in his behaviors and attitudes. He gave exaggerated, long, theatrical speeches during his political career. He supposedly always wore a military suit and expected everyone to treat him like royalty (Payne, 1973; Redlich, 1998).

The diagnosis of Antisocial Personality Disorder was ruled out as an Axis II diagnosis. Several historians have noted that Hitler presumably presented with an antisocial personality, but documentation of Hitler’s behaviors does not fully support this diagnosis. He did not repeatedly lie, was not impulsive, and was not overly reckless in his behaviors. He did not get into excessive amounts of physical fights or assaults. He also did not present with a conduct disorder in childhood. These are all criteria for a diagnosis of Antisocial Personality Disorder. Interestingly, Hitler was reportedly quite the opposite of these traits. He was known for planning and being careful in his activities, so as not to hurt himself. Hitler reportedly ran from a group of boys when they threatened to beat him up as a child (Redlich, 1998). For the most part, several people reported that Hitler was a relatively well-behaved boy and man. Hitler may have had some antisocial tendencies in his behaviors, but this does not warrant a diagnosis of Antisocial Personality Disorder (Payne, 1973; Redlich, 1998).

Axis III consists of any general medical conditions that a patient has been known to suffer. Hitler had a rather extensive documented medical history for a man only in his
middle forties when he died. Hitler began to suffer cardiac troubles when he began political office in the 1930’s. He would later suffer from a myocardial infarction and be diagnosed with arteriosclerosis. It was also widely documented that he frequently suffered from insomnia. Doctors, friends, family, and Hitler, himself, often noted how little he slept. He would suffer from bouts of insomnia, often lasting weeks at a time. The gastrointestinal pain and cramping that Hitler reportedly suffered were one of the main ailments from which he sought relief. His personal physician, Theodor Morell, was employed mainly to prescribe medications to treat the severe stomach pains. Hitler was also reportedly born with spina bifida occulta, an incomplete closure of the spinal cord that generally presents with few symptoms. Hitler was also known to suffer from consumption, a respiratory illness that ran in the family and was reported to have afflicted him since he was a young boy. He was born without his left testicle, this being confirmed upon his autopsy. In a similar nature, it is also likely that he suffered from hypospadia, a condition in which the opening to the urethra is on the underside of the penis (Payne, 1973; Irving, 1983; Redlich, 1998).

Axis IV describes any psychosocial or environmental problems that a patient may be suffering. Hitler had several psychosocial and environmental problems that most likely exacerbated his mental illnesses. First, he had several problems with his primary social support group. His father purportedly was very controlling and unsupportive. His mother allegedly was overprotective and provided inadequate punishment for her children’s actions. Hitler also had to cope with the deaths of his younger brother, his father, and most importantly, his mother. Hitler reportedly never seemed to fully recover from his grief after his mother died in 1907. Adolf Hitler also suffered from problems
related to his social environment. He apparently had trouble adjusting after the death of his mother and had problems adjusting to life in several of the cities he moved to as a young man. He did not identify himself as an Austrian but rather as a German. He seemed to have no sense of a social identity. It was also known that Hitler suffered from problems related to interaction with the legal system and crime. He had been arrested and jailed, when he was still a young man, for his involvement in a plot to overthrow the government during World War I. He also was a part of several attempts to take over the German Worker’s Party, reportedly claiming he was unsatisfied with its running and that he could do a better job. Hitler also suffered from other psychosocial and environmental problems. He had been exposed to two wars in his lifetime and the deprivations that war inevitably induces (Payne, 1973; Redlich, 1998; Waite, 1998).

Axis V is a global assessment of the functioning of a patient. It assesses the current functioning and the past year functioning of the patient, based on a one hundred point scale. A score of 0 indicates inadequate information to make a diagnosis, while a score of 100 is associated with superior functioning in a wide range of activities and no psychological impairment symptoms. Hitler’s current functioning, that being the year before his death, was estimated to be, per the criteria, a 30. Hitler suffered some impairment in reality testing and communication and also suffered from some major impairment in thinking and mood. His officers often noted how quickly his mood would change, stating they were afraid of what he might do if he were to become upset. His war decisions also seem to confirm that he had some trouble making clear decisions, as his officers reportedly tried to correct his many mistakes without him finding out. Hitler
seemed to have incoherent speech at times, reportedly not making sense and having a general tendency to ramble (Payne, 1973; Redlich, 1998; Waite, 1998).

The past year of functioning, being two years before his death, Hitler was slightly more stable. His global level of functioning was estimated to be a 55. He seemed to have less severe difficulty in social and occupational functioning. His was reportedly more active in his social life at this time. He was known to still attend social functions put on by the Party and reportedly enjoyed going out with Eva. His military decisions were also documented as being more coherent at this time. Officers were not correcting mistakes and were reportedly more confident in his skills as a military leader at this time in the war. However, he reportedly still had some problems relating to others and still had a tendency to make strange requests of his troops, not always considering the full ramifications of his war decisions (Payne, 1973; Redlich, 1998).

Theoretical Analysis

Adolf Hitler was a troubled man, evidencing symptoms of at least three mental disorders: Somatization Disorder, Polysubstance Dependence with Physiological Dependence, and Narcissistic Personality Disorder. Analyzing these disorders in terms of psychological theory allows a more thorough understanding of why Hitler manifested these disorders as opposed to others. Psychoanalytic theory supports and explains the disorders that Hitler struggled with throughout most of his life.

Hitler’s somatization disorder can be analyzed by psychoanalytic theory in a few ways. The first explanation for his manifestation of this disorder is the concept of displacement, a common Freudian defense mechanism. Displacement occurs when an individual shifts tension about one issue onto another issue, such as another person or a
psychological complaint. Hitler had many matters in his life that caused him stress and anxiety. He was overwhelmed by numerous deaths of close family members and loved ones. He had to deal with the death of his younger brother, father, mother, and his lover, Geli. He reportedly had considerable anxiety about failing school as a young man and about his father thinking he would never amount to anything. It would have been relatively easy for Hitler to transpose these tensions into physical pain, rather than deal directly with the mental anguish. He may have subconsciously felt that it would be easier for doctors to deal with migraines and stomach aches, the physical symptoms he reportedly manifested most often. This would explain why there were no real physical explanations for all of the physiological ailments from which Hitler suffered. His subconscious could be free of the anxiety and stress, if he instead manifested these emotional issues as a physical pain that could be treated without his active participation. However, as noted above, the treatments he received for his physical problems were reportedly never fully effective. He still suffered from intense stomach pains and migraines, especially when he was under severe stress, as reported by his personal physician, Theodor Morell (Payne, 1973; Paolino, 1981; Irving, 1983; Erdelyi, 1985).

The concept of displacement can also be used to analyze Hitler's hatred toward the Jewish race. When Hitler's mother was diagnosed with breast cancer, her original prognosis was good. She was reported to have a fair chance of survival. However, the cancer was further along than the doctor could diagnose. Hitler's mother died soon after her diagnosis, under the care of a Jewish doctor. Reportedly, Hitler was devastated by the death of his mother, and he quickly blamed it on the doctor. Hitler allegedly began to distrust Jewish doctors, and then, eventually, he began to distrust the entire population of
Jews. This is a prime example of displacement, according to psychoanalytic theory. Hitler placed his grief for the death of his mother onto the doctor in the form of hatred. He then placed his hatred of the doctor onto all Jewish doctors and then eventually onto all Jews. This analysis provides one possible explanation into how Hitler came to loathe all Jews, when reportedly before his mother’s death he harbored no profound hatred toward Jews (Dalbiez, 1941; Payne, 1973; Erdelyi, 1985; Fenichel, 1945; Paolino, 1981; Redlich, 1998).

Some bereavement issues can also explain the Somatization Disorder that afflicted Hitler. It has been reported repeatedly how much Hitler suffered after the death of his younger brother and mother and then again after Geli committed suicide. He evidently would go into depressive episodes for weeks, and cycle through the episodes over a period of months. He evidenced that he was upset after each of these three deaths, yet the few people close to him noted that he never spoke of his feelings or the grieving he would be expected to experience. Again, Hitler may have subconsciously chosen to forgo the natural grieving process and deal with his psychological pain in a physical form. This subconscious choice actually hurt him psychologically because it never allowed him move through the grieving process. Instead, he continually displaced his psychological pain and ended up causing himself both mental and physical ailments (Fenichel, 1945; Payne, 1973; Paolino, 1981, Redlich, 1998).

Substance Dependence was another mental disorder that Hitler has been found to suffer from. Psychoanalytic theory would state that this drug dependence resulted from a fixation at the oral stage of childhood development. Every child goes through five stages of development, each focused on a different bodily zone. If a child does not successfully
develop and complete a stage, he/she will become stuck at that stage. Fixation can occur from over-gratification or under-stimulation of the bodily zone associated with that stage. Hitler likely became fixated at the oral stage because of over-gratification during the first two years of life by his mother. She gave him excessive amounts of sweets and food when he was a child. It was reported that Hitler continued to have this affinity for sweets and food even as an adult. Hitler preferred to take all his medications orally, which would have been psychologically satisfying to his fixated oral development. Taking these medications alleviated pain, so a positive association would have been formed by taking the drugs. Hitler continued to use the drugs even after he did not need them from a medical standpoint, exacerbating his substance dependency. Taking the drugs in excessive amounts is equated with Hitler's desire to eat large quantities of sweets and all food. The substance dependence was one more outlet for Hitler's overdeveloped oral fixation (Irving, 1983; Erdelyi, 1985; Redlich, 1998).

The Narcissistic Personality Disorder that characterized Hitler can be analyzed by psychoanalytic theory in terms of the id, ego, and superego. The id is the child-like part of the subconscious. It is concerned with instant gratification. The ego is the rational part of the subconscious, the moderator between the id and superego. The superego is the internalization of all morals and values, especially those taught by parents and caregivers. The superego is consumed with doing the moral and right thing. Hitler was reported, by many, to have a grandiose sense of self-importance. For example, he wrote *Mein Kampf*, a book solely based on his childhood and life experiences, years before he became a well-known political leader. He must have felt that he was especially important in order to write this book, because from records of his life, he did not experience anything
substantially or uniquely different from most people who lived during this time period. Psychoanalytic theory would posit that Hitler's id generally won out over his superego and ego. He had this narcissistic personality because of poor balance between drives. He could have this grandiose sense of self-importance, take advantage of other people, and expect compliance from others because these are the types of pleasures that the id would seek out. The narcissistic behaviors are the expression of Hitler's dominant id.

Psychoanalytic theory would also posit that Hitler's ego was deficient; in other words, he had a weaker ego than is required to adjust socially in the world. He acted much as a young child, letting his desires and whims control his behavior. His weak ego could not regulate the id, therefore allowing the id to control most of his actions. The criteria for narcissistic personality disorder are similar to qualities that young children often have. Children typically think they are overly important, feel a sense of entitlement, and can be exploitative of others to achieve their wants. Narcissistic personalities therefore develop because the ego never sufficiently develops, letting the id control, and causing grown adults to act in ways similar to a young child (Dalbiez, 1941; Paolino, 1981; Redlich, 1998).

Castration anxiety is also another construct that, when considered in detail, helps explain Hitler's narcissistic personality. According to psychoanalytic theory, castration anxiety is a fear that young boys develop when they first learn that girls lack a penis. They believe that they too may lose their external genitalia, so they seek protection by identifying with their fathers, who also have penises. It is widely documented that Hitler was born without his left testicle. According to psychoanalytic theory, Hitler subconsciously could have become convinced that his fear of castration partially came
true, due to his lack of a left testicle. It is unlikely that Hitler would have received a better explanation from his parents about his condition, due to medical knowledge of the time and the taboo nature of his deformity. This could have caused him to overcompensate in other areas of his life, especially since he, reportedly, did not identify with his father much. He possibly sought out success, both in school and as a politician, as a means to identify with his father. However, he, reportedly, failed in school as a boy and his father did not live long enough to see Hitler reach his greatness as a political leader. His overcompensation, therefore, appeared as a narcissistic personality. His grandiose sense of self-importance and demand for compliance may have been a subconscious way to compensate for his lack of a testicle, according to psychoanalytic principles (Fenichel, 1945; Payne, 1973; Paolino, 1981; Redlich, 1998).

There is also evidence for Hitler's use of repression, a defense mechanism sited by psychoanalytic theory that relates to the emergence of narcissism. Repression is the notion of unconsciously forcing to suppress certain feelings or desires and keeping them out of conscious thought. It is stated, however, that those items that are repressed will eventually return in some way. This defense mechanism most often operates by repressing the pleasure principle, the id, by use of the reality principle, the ego. As noted above, Hitler's mother spoiled him greatly. However, reportedly Alois Hitler was not so lenient with the children and often disciplined them harshly. Hitler's father may have forced him to subconsciously repress many of his desires as a young boy, such as eating sweets and attaching with his mother. However, theory states that these repressed desires must come out eventually. This is evident in Hitler's later life. Apparent in his narcissistic behaviors, he often did as he pleased without regard for others and expected
According to psychoanalytic theory, extensive repression can lead to psychic disorders and neuroses. Hitler's father may have punished him so much as a boy that he was forced to repress most of his desires, only later to manifest lack of control as an adult and present with several mental disorders (Payne, 1973; Erdelyi, 1985; Redlich, 1998).

Hitler also seemed to utilize regression, another defense mechanism. Regression involves reverting to an old, usually immature behavior in order to release tension. Hitler evidently often screamed and worked himself into a frenzy while he was speaking, both in public and in private. He reportedly also expected lavish attention and affection from his female companions and would often become enraged if they did not comply. These examples of his behavior could be viewed as regression, according to Freudian theory, because they are rather inappropriate ways for an adult to behave. Instead, Hitler reverted to childish tantrums in response to frustrating situations. This regression is an example of how his narcissistic personality developed and was sustained over time.

These grandiose behaviors and lack of concern for others, while in his regressed state, coincide with the criteria for a narcissistic personality disorder (Payne, 1973; Paolino, 1981; Redlich, 1998).

Hitler also had a considerable Oedipal complex. This concept revolves around a young boy's subconscious desire to be intimate with his mother, but he then learns he has to compete with his dad for mother's attention. When a little boy discovers that little girls lack a penis, they believe it is because the father cut it off. This forces the boy to repress his desire for his mother, for fear of losing his penis, and consequently identify with the father. Hitler, however, reportedly was never very close with his father, but he
loved his mother greatly. He allegedly always kept a picture of her with him at all times, and he committed suicide with an image of his mother in his left breast pocket. He also reportedly said to many of his close friends that he would never love a woman as much as he loved his mother (Dalbiez, 1941; Payne, 1973; Redlich, 1998).

This Oedipal complex did not necessarily contribute to any diagnosable mental disorders, but it had a considerable impact on his personal relationships, especially those with women. As noted above, the few love relationships Hitler maintained were less than healthy. They reportedly were characterized by domination and need. According to theory, since Hitler's Oedipal complex was never resolved as a young boy, he could never really have the capacity to love another woman because he was still romantically involved with his mother, even as a grown man. This obviously put a strain on the few love relationships he did have. Geli and Eva both reported that he was a jealous lover and expected to be lavished constantly with attention. This is very much the way a young boy acts about his mother. Young boys desire the full attention of their mothers and get jealous if they do not receive it. This Oedipal complex helps explain in psychoanalytic terms why his love relationships were unhealthy (Dalbiez, 1941; Payne, 1973; Redlich, 1998).

Use of repression is not always pathological. The unconscious mind is produced through normal use of repression, according to psychoanalytic theory. The unconscious mind occasionally emerges in conscious action. Parapraxes, or slips of the tongue, are one way in which the unconscious mind is allowed to speak. According to theory, the slips of the tongue (Freudian slips) express how we subconsciously feel about something, regardless of whether we realize it or not. It has been noted that most of Hitler's political
propaganda (examples in *Mein Kampf*) center on the idea of dirt and feces and how Jews were responsible for the downfall of Germany. Up until this point, Hitler reportedly voiced no great animosity towards the Jewish population. However, with the death of his mother, Hitler may have been unconsciously repressing these ideas. His writings in *Mein Kampf* seem to be the first expression of Hitler’s unconscious hatred toward Jews, according to psychoanalytic theory. The repeated references to feces, dirt, and Jews gives further insight into how much Hitler may subconsciously been trying to repress this hatred in his earlier years (Fenichel, 1945; Payne, 1973; Paolino, 1981; Redlich, 1998).

**Treatment and Prognosis**

Adolf Hitler might have benefited from a psychodynamic-oriented treatment protocol in which the client drives the process. Stereotypical psychoanalytic therapy consists of lying on a couch and talking about the patient’s problems. The rationale behind this sort of treatment relies on the notion that talking about underlying problems, especially those in the unconscious, will eventually lead the patient to feel comfortable with their feelings, thus relieving any unconscious issues and resolving the subconscious need to manifest any mental disorders. Psychodynamic therapy would focus on his underlying conflicts and suppressed anxiety. He would likely have benefited from expressing his grief over the deaths of his mother, father, brother, and Geli. He would also probably have talked about any anger and resentment issues he most likely harbored about his father and their relationship. The therapist would also want to focus on his resentment and anger towards the Jewish doctor who cared for his dying mother. Psychoanalytic theory states that by integrating both unconscious and conscious emotions, a healthier life and mental status will eventually be developed. Talking about
his emotions would have helped accomplish this task. Discussing the unconscious issues that Hitler covered up through the use of mental disorders would allow his unconscious to become integrated with his conscious life. He presumably would have become a whole and healthy person both mentally and physically, according to theoretical perspective (Fenichel, 1945; Paolino, 1981).

The use of a couch for this therapy is also an important part of psychoanalytic treatment. The couch symbolizes relaxation and encourages the patient to understand that the therapeutic conversation is unique from social discussion. Hitler presumably had intense pressure placed on him by the ongoing war and by his own high standards. The use of the couch in his therapy would have been most critical. He probably would have had a hard time relaxing and, in turn, discussing his feelings. Inviting him to relax would be integral to his therapy. Hypnosis may also have been useful in Hitler's therapy sessions, especially if he was reluctant to relax or had a hard time doing so. According to theory, hypnosis can be used to invite relaxation and help reveal true inner unconscious experiences. Hitler likely would have been resistant to discussion at the start of therapy treatments, as is typical, so hypnosis could have been used until he was able to discuss his emotions more freely (Dalbiez, 1941; Erdelyi, 1985).

Therapy discussions would be focused mainly around childhood events and feelings. Theory states that current life is affected greatly by holding intense emotion about events that are in the past, mainly in childhood. In order to reach a healthier mental state, Hitler would have needed to discuss the emotions surrounding the deaths of his mother, father, and younger brother. From the above analysis, it is apparent that Hitler disguised these issues through his Somatization Disorder, Polysubstance Dependence,
and Narcissistic Personality Disorder. In order to overcome these mental disturbances, Hitler would need to have learned to appreciate his feelings and embrace them. By doing so, he would no longer have required to use the unconscious defense mechanisms that so affected his mental health and ultimately the social climate of his country (Dalbiez, 1941; Fenichel, 1945; Paolino, 1981).

Treatment would have been continued for at least two years. According to theory, therapy can take months and sometimes even years to produce effective results. The goal of psychoanalytic therapy is to make certain that the patient can comfortably experience all emotions. By ensuring this goal was completed at the cessation of therapy, treatment would have allowed for all mental illnesses to retreat because Hitler would have been comfortable with his emotions and would not have had the unconscious need to display them in the form of mental disorders (Fenichel, 1945; Paolino, 1981; Erdelyi, 1985).

Hitler may have had a fair prognosis for accomplishing this goal if he would have persisted with attending his therapy sessions. He had a long, troubling history of both physical and mental illness. He used his defense mechanisms for so many years before he would have received treatment that it would have been harder to uncover his true inner unconscious emotions, according to theory. His treatment would also have taken a longer amount of time because of the extent of his mental illness and depth of problems. This would have further hindered the therapy process because of the time involved to uncover these emotions and to successfully treat him. He might have been unwilling to dedicate the necessary time to becoming mentally healthy because of his reportedly busy life and sheer stubbornness (Dalbiez, 1941; Fenichel, 1945; Paolino, 1981).
His would also only have had a fair prognosis because uncovering and accepting the wide range of emotions that would presumably be uncovered by psychoanalytic therapy may have been overwhelming. An acceptable response by Hitler may have been to shut out the emotions and stop treatment. Hospitalization may have been necessary to ensure that he remained stable while uncovering the depth of emotions at the start of treatment. However, according to theory, facing these emotions, though difficult, would have allowed Hitler to be able to cope and lead a psychologically healthy life (Dalbiez, 1941; Erdelyi, 1985).

Conclusion

Hitler certainly did not possess great mental health or stability in his lifetime. Through an analysis of his life, it becomes apparent that he suffered from at least three mental disorders, Somatization Disorder, Polysubstance Dependence, and Narcissistic Personality Disorder, as classified by the DSM-IV. He also was afflicted by several medical problems and dealt with social and environmental factors that most certainly exacerbated his mental instability. Psychoanalytic therapy helps explain why he manifested certain disorders and not others. Seeking psychoanalytic treatment early in his adult life may have prevented him from succumbing both mentally and physically, as well as possibly preventing his last successful suicide attempt. Had proper treatment been sought for his mental illness, the fate of history most certainly would have changed. Hitler may have never gained control of Germany. The Holocaust may never have taken place. Hitler probably had the political ability to lead his country through their darkest hour, but his mental health most likely prevented him from doing so effectively. Yet,
interestingly, it was his supposed madness that distinguishes him as a profound but deeply troubled historical figure.
References


