

The case of adolf hitler

[People](#), [Adolf Hitler](#)



Adolf Hitler, a dreaded figure in the 20th century, was an Austrian-born German politician and the leader of the National Socialist German Workers Party, popularly referred to as Nazi party.

He was an extreme autocrat and led Germany from 1933 to 1945 both as a chancellor and head of state. Hitler was a veteran of the Second World War. As he rose to absolute power, he gained support by propping up German nationalism, anti-capitalism, anti-communism and anti-semitism using both his alluring oratory and cant.

He sparked World War II in Europe when he re-armed Germany and invaded Poland in 1939. Hitler wed his long-time mistress Eva Braun at the fall of Berlin in 1945, but to avoid being captured by the Soviet army, the two committed suicide less than two days later (Joachim, 1974).

But his regime has left many unanswered questions, even among psychoanalysts. The extreme heartlessness that marked Nazism and the Holocaust beats not only logic but also human understanding. It remains a puzzle how Germans collectively went out of their minds under Hitler and perpetrated one of the greatest horrors in history.

During the war, Hitler-led Nazi forces engaged in constant cruel acts. This included the systematic murder of up to 17 million civilians, about six million of whom were Jews targeted in the Holocaust. Roman victims are approximated to be up to 1.5 million, while others included the disabled, ethnic Poles, homosexuals, Soviet civilians and Jehovah's Witnesses.

But was Hitler in his right senses as he oversaw all this? I believe not so. He is believed to have suffered from a mental disorder, particularly Borderline Personality Disorder (BPD).

BDP generally involves prolonged disturbance of personality function in persons over the age of 18 years, although it is sometimes found in adolescents. It is typified by depth and inconsistency of moods.

It normally involves abnormal levels of instability in mood, black and white thinking, chaotic and unstable interpersonal relationships, self-image, identity, and behavior; as well as a regular disturbance in the patient's sense of self. This disturbance can, in severe cases, lead to periods of dissociation. (American Psychiatric Association, 2001).

The disturbances can eventually have an insidious negative impact on much of the psychosocial aspect of life and without proper therapy, self-harming is often an open possibility. (Gunderson, 2001). An insight into Hitler's life shows a manifestation of the various components of this disorder.

This is attributable to claims that he had empty human relations, was inflexible and single-minded, had no human feelings, oversaw malevolent behavior, and eventually committed suicide, among others (Toland: 1991).

Emotional torture seems to have been one of the main reasons behind Hitler's situation, and his subsequent inhumanity. There is a strong correlation between child abuse and development of BDP. Majority of BPD patients usually have a history of abuse and neglect as young children, especially if they were emotionally, physically, verbally, or sexually abused

by parents. Loss of a caregiver or loved one could also be a central factor. (Gunderson, 2001).

And this could answer the origin of Hitler's condition. The loss of a younger brother, Edmund, to measles in 1900 caused permanent changes in Hitler. He transformed from a confident, outgoing boy who found school easy, to a depressed, sullen and detached boy who always battled his own father and his teachers.

As a child, Hitler's also suffered abuse that included brutal sadistic beatings as well as constant verbal humiliation by his father Alois Sr. He once even tried to escape from home by constructing a raft with friends, and his father beat him so viciously that the dad even thought he killed his son (Dorpat: 1999).

Hitler's mother was on her part depressed and forlorn about her marriage and felt guilt over her incestuous bond with Alois. She also failed to discipline Hitler and contain his tempers.

It is this abuse and neglect, and his parents' emotional withdrawal from him that may possibly have made Hitler suffer from BDP at a tender age. This trauma subsequently left him badly unprepared for social, academic and job-related pursuits. (Waite, Robert, 1993)

With BDP deemed to be a result of a problem with emotional dysregulation, experts have even developed Dialectical Behavioral Therapy (DBT), a method of cognitive therapy in BPD treatment. Yet, central to the success of this therapy is the conviction that BPD is a biological disorder exemplified by sharp sensitivity to emotion and amplified emotional intensity.

Other experts believe that any biological components of BPD are probably related to changes that occur on a biological level as a result of emotional and psychological trauma. (Linehan, 1993).

This biological perspective could thus also effectively correlate Hitler's emotional distress with his disorder. Some existing literature further suggests that traits related to BPD are influenced by genes.

People with BPD influenced by genes often have a close relative with the disorder, although Hitler's father's brutal treatment of his son does not suffice a conclusion that he suffered from this disorder as well. The diagnosis of this disorder in Hitler could thus explain could strange behavior that was so characteristic of him later in his life.

Individuals with BPD are extremely sensitive to the manner in which others treat them and often react strongly to perceived disapproval or hurtfulness. Their self-image can change swiftly from exceedingly positive to extremely negative. They often resort to impulsive behaviors that includedrug abuseand general recklessness. And this was characteristic of Hitler.

He was addicted to amphetamine after the late summer of 1942. This went in tandem with his sadistic, malevolent, and antisocial behavior clearly depicted in the Holocaust and the World War II. He also showed signs of splitting. He held an image of himself as ostentatious; omnipotent and triumphant on one side and felt inferior, mortified and defeated on the other, making his behavior very erratic. (Dorpat: 1999).

It is believed the diagnosis of this disorder accounts for Hitler's ruthless and destructive personality transformation and lack of human feelings. It also

explains the fact that he was distant, self-contained, withdrawn and without friends.

The cognitive aspect of BDP is to an extent manifested in the form of quasipsychotic or micropsychotic symptoms among those suffering from this disorder. These symptoms include inner voices telling them to commit suicide, depersonalization and paranoid feelings.

This usually prevails in the defeated side of the split and is fanned vulnerability, despair and self hatred. The fact that Hitler went on to commit suicide probably shows a direct manifestation of the cognitive component of BDP. (Heston, 1980).

And these symptoms are often suppressed using Cognitive Behavioral Therapy. This form of therapy involves a therapist engaging with a client in a bid to change both behavior and thought patterns. Hitler was nonetheless never subjected to this therapy.

In conclusion, it is evident that BDP took toll on Hitler's emotions and served as the base for his malevolence and anti-social behavior. The disorder, perhaps coupled with several other mental challenges, resulted in acute psychiatric problems and played a major role in molding his personal; behavior, which depicted a man not in charge of himself.

References

American Psychiatric Association. (2001) Journal of Psychiatry.

Dorpat, L. Theo, M. D.(1999). Trauma to Malevolence. Cambridge: MIT.

Gunderson, G. J (2001). Personality Disorder: Washington: APP.

Heston L. Leonard, M. D. (1980). Adolph Hitler: Doctors and Drugs. N. Y. Preston.

Joachim, C. (1974). Hitler . NY: Prentice

John, T (1991), Adolf Hitler: N. Y: Doubleday.

Linehan, M. M (1993). Borderline Personality. N. Y: OUP

Waite, R.(1993). Adolf Hitler. N. Y: DaCapo