

RUTGERS JOURNAL OF LAW & RELIGION

-NUREMBURG PROJECT-

AN EVALUATION OF "THE ANALYSIS OF THE PERSONALITY OF ADOLPH HITLER" WRITTEN BY DR. HENRY A. MURRAY IN 1943

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EDITOR'S NOTE

Dr. Theodore L. Dorpat enjoyed a distinguished career as a forensic psychiatrist and suicidologist. He received his B.S. from Whitworth College in 1948 and graduated from the University of Washington School of Medicine in 1952. During the course of his over 50 year career, Dr. Dorpat received numerous awards including the Margaret H. O'Donnell Prize in Psychiatry in 1952, the Edward O. Hoedemaker M.D. Memorial Prize twice for the best clinical case studies and in 2003, the American Psychiatric Association appointed Dr. Dorpat a Distinguished Life Fellow. Dr. Dorpat is the author of four books, including DENIAL AND DEFENSE IN THE THERAPEUTIC SITUATION, published in 1985, GASLIGHTING, THE DOUBLE WHAMMY, INTERROGATION AND OTHER METHODS OF COVERT CONTROL IN PSYCHOTHERAPY AND ANALYSIS in 1996, THE WOUNDED MONSTER: HITLER'S PATH FROM TRAUMA TO MALEVOLENCE, published in 2002 and CRIMES OF PUNISHMENT: AMERICA'S CULTURE OF VIOLENCE, published posthumously in 2007, in addition to over 360 scientific publications. At the time of his death, Dr. Dorpat was a Clinical Professor Emeritus of Psychiatry for the School of Medicine at the University of Washington in Seattle as well as a Training and Supervising Psychoanalyst with the Seattle Psychoanalytic Society and Institute.

Early in his career, Dr. Dorpat became known for his studies in suicides. Eventually, Dr. Dorpat pioneered a methodology in suicidology called the psychological autopsy. Dr. Dorpat also participated in legal cases involving suicide and was a frequent forensic expert witness. According to his daughter, Joanne Dorpat-Halverson, Dr. Dorpat was fascinated with both psychiatry and the law. But it was the time that he spent as a U.S. Navy officer in the Asian Theatre during World War II that led to his interest in the psychology of Hitler.

Dr. Dorpat passed away after a short illness on October 2, 2006. He is survived by his wife, Doris, her family, his daughter and her family, and his brothers Norman, David and Paul Dorpat and their families. He is remembered as a man who was an independent thinker, whose politics were always progressive and who enjoyed the love of his family.

This foreword is written with many thanks to Joanne Dorpat-Halverson, Paul Dorpat and Dr. Donald Ross for their time and assistance.

Dr. Henry A. Murray's 1943 report, "Analysis of the Personality of Adolph Hitler," is remarkable for its accurate descriptions of Hitler's personality. His descriptions are especially noteworthy because the report is based on information supplied by the Office of Strategic Service (O.S.S.) and five books. However, some of the report's explanations and formulations about the development of Hitler's character are either inaccurate or reflect out-of-date psychological theories extant when the report was written.

This paper is divided into two parts: Part I is a critique of Murray's report and Part II is a brief discussion of a theory I published in a book, *WOUNDED MONSTER*,¹ that attempts to explain the causes of Hitler's serious, enduring psychiatric disorders and his malevolence.

I. A CRITIQUE OF DR. HENRY MURRAY'S REPORT

Murray's statement about "a large feminine component in his constitution" as one of Hitler's "many weaknesses"² is both unfair to women and probably not true. Hitler's occasional effeminate mannerisms are not necessarily a sign of weakness nor – in light of today's understanding of personality development – is one justified in attributing such behaviors to "a large feminine component in his constitution."³

Murray exaggerates the role of conscious and unconscious guilt in Hitler and fails to mention the role of shame. In my opinion, shame played a central role in the formation of his severe psychopathology and was for the most part inculcated in him by his physically and emotionally abusive father during childhood. Murray comes close to acknowledging the place of shame in his discussion of Hitler's "inferiority feelings" and his "basic self-contempt."⁴ Part II continues my discussion of Hitler's shame and its effects on him.

In his explanations of Hitler's violence, aggression, and nightmares, Murray emphasizes the causal importance of conscious and unconscious guilt and a "bad

¹ THEO L. DORPAT, *WOUNDED MONSTER: HITLER'S PATH FROM TRAUMA TO MALEVOLENCE* (2002).

² HENRY A. MURRAY, *ANALYSIS OF THE PERSONALITY OF ADOLPH HITLER WITH PREDICTIONS OF HIS FUTURE BEHAVIOR AND SUGGESTIONS FOR DEALING WITH HIM NOW AND AFTER GERMANY'S SURRENDER* (1943) available at

<http://library.lawschool.cornell.edu/WhatWeHave/SpecialCollections/Donovan/Hitler/index.cfm>

³ *Id.*

⁴ *Id.* at 3.

conscience.”⁵ I doubt that Hitler’s nightmares were caused by a “bad conscience” or by guilt. Most likely his nightmares were an important symptom of his Post-traumatic Stress Disorder (PTSD) caused by chronic (lengthy) combat trauma in World War I.⁶ For most of his life, Hitler was greatly troubled by shame, and it was shame, not guilt, that triggered his rage and violent behavior.⁷ Considerable empirical evidence today indicates the central role of shame in bringing about hatred, rage, and violence. In contrast to shame, guilt tends to inhibit, not enhance, aggression.⁸

Murray is correct in noting that Hitler was incapable of establishing normal human relationships, but he was most likely mistaken in attributing this deficit to “cessation in early life of sexual development.”⁹ In *WOUNDED MONSTER*, I explained how Hitler’s chronic childhood and combat traumas brought about not only several life-long psychiatric disorders but major character malformations, including malevolence and an inability to establish caring relationships with other people.¹⁰

According to Murray, “there is a deep valid strain of creativeness (lacking, to be sure, the necessary talent).”¹¹ Murray fails to explain why he concluded Hitler was creative when this was not manifested in any artistic talent or in other ways. Could it be that Murray, like many others, had been taken in by or even conned by the myth created by Hitler himself that he was a creative artist? Actually, Hitler was not a creative artist. His paintings and drawings demonstrate less than mediocre talents. Murray states that there was “nothing original” in Hitler’s paintings.¹² Hitler, though, was highly intelligent and did manifest, as Murray states, extraordinary skills as a politician and as an orator.¹³

Like many other mental health professionals of his time, Murray attributed Hitler’s pathological personality traits to his unconscious psychic conflicts.¹⁴ Though such internal conflicts are omnipresent in everyone, I doubt that they played a major role in the development of his pathological personality traits. In my opinion, Hitler’s

⁵ *Id.* at 3, 5, 12.

⁶ *See* DORPAT, *supra* note 1, at 95-107.

⁷ *Id.* at 250-51.

⁸ JUNE P. TANGNEY & RONDA L. DEARING, *SHAME AND GUILT* (2003).

⁹ MURRAY, *supra* note 2, at 12.

¹⁰ *See generally* DORPAT, *supra* note 1.

¹¹ MURRAY, *supra* note 2, at 17.

¹² *Id.* at 70; *see generally*, DORPAT, *supra* note 1, at 201-05 (discussing the myth of Hitler as a great artist).

¹³ MURRAY, *supra* note 2, at 134, 219-20.

¹⁴ *Id.* at 143.

pathological character traits and his psychological deficits were mainly caused by his chronic childhood and combat traumas.

According to Murray, Hitler exhibited “at one time or another, all of the classical symptoms of paranoid schizophrenia.”¹⁵ This was thought to be true in 1943, but it is not accepted today because the diagnostic criteria for making the diagnosis of paranoid schizophrenia have changed. Some patients, who in former times (prior to about 1965) were diagnosed as having paranoid schizophrenia, today would be diagnosed as having some other serious kind of psychiatric disorder. From his adolescent years until his death, Hitler did have, as Murray correctly asserts, paranoid symptoms, but most psychiatrists today believe Hitler did not suffer from schizophrenia or other kinds of psychosis. Psychoanalysts today agree with Murray’s idea that projection was the most common form of defense mechanism in Hitler’s personality.¹⁶

Murray writes, “[p]sychiatrists are not unfamiliar with borderline states lying between hysteria and schizophrenia. In some cases the former develops into the latter . . . [s]ince Hitler . . . has exhibited all the symptoms of paranoid schizophrenia, the possibility of a complete mental breakdown is not remote.”¹⁷ What Murray writes about paranoid schizophrenia and “borderline states” reflects the now repudiated concepts psychiatrists had at the time Murray wrote his report. What was previously called “borderline states” is now called Borderline Personality Disorder (BPD). This disorder is a serious and usually a life-long disorder; however it rarely, if ever, is transformed into paranoid schizophrenia or other psychosis as psychiatrists formerly believed. The term borderline was previously used because it was mistakenly believed that this diagnostic entity (borderline states) resided, as it were, on the border between the psychoses (such as schizophrenia) and the neuroses (such as hysteria).

Though Hitler has been diagnosed as suffering from BPD by various psychiatrists including myself, we no longer think of the term borderline as denoting any connection with schizophrenia or other kinds of psychosis. When confronted in 1945 with Germany’s military defeat, Hitler did not collapse into a psychotic state as Murray and

¹⁵ *Id.* at 14.

¹⁶ *Id.* at 152.

¹⁷ *Id.* at 25-26.

others predicted. However, as Murray predicted, his paranoid and depressive symptoms became more severe in the final months of his life and before he committed suicide.¹⁸

Murray asserts, “Hitler’s personality structure [*fell*] *within the normal range*.”¹⁹ This is not true because during his adolescence and until the end of his life he had deeply pathological personality traits and abnormalities.²⁰ Murray’s diagnosis of BPD implies a severely disturbed personality pathology. Over the last twenty years, research on patients with BPD has provided overwhelming evidence that this disorder is caused by childhood abuse and trauma.²¹

In his discussion of Hitler’s “passive masochistic tendency (hypertrophy of the feminine component in his make-up),” Murray linked masochism with femininity.²² Psychoanalysts, as well as other mental health professionals, no longer believe that masochism signifies or stems from a “hypertrophy of the feminine component.”²³ Hitler’s masochistic erotic pattern, according to Murray, alternates with other practices such as “repressed (or as some claim overt) homosexuality.”²⁴ Murray also claims that Hitler was impotent.²⁵

I question if Murray’s diagnoses of either latent or overt homosexuality are true because my review of the literature has not demonstrated convincing evidence of either latent or overt homosexuality in Hitler. Similarly, claims of Hitler’s alleged sexual impotency made by Murray and others are not supported by the available evidence. We know little about Hitler’s sexuality because, as a shame-prone individual, he made repeated and mainly successful efforts to conceal this aspect of his life from others.²⁶

Murray’s discussion of seven determinants of Hitler’s anti-Semitism is as excellent and insightful today as it was in 1943 when it was written.²⁷

Murray believes there were four major trends in Hitler’s personality: “(1) Counteractive Need for Dominance, Superiority; (2) Counteractive Aggression, Revenge;

¹⁸ DORPAT, *supra* note 1, at 280.

¹⁹ MURRAY, *supra* note 2, at 77 (emphasis added).

²⁰ DORPAT, *supra* note 1, at 20.

²¹ *Id.*

²² MURRAY, *supra* note 2, at 18.

²³ DORPAT, *supra* note 1, at 178.

²⁴ Murray, *supra* note 2, at 19.

²⁵ *Id.* at 6.

²⁶ See DORPAT, *supra* note 1, at 168-81

²⁷ *Id.* at 207-09.

(3) Repression of Conscience, Compliance, Love; (4) Projection of Criticizable Elements of the Self.”²⁸ I fully agree with Murray’s insightful discussion of trends one, two, and four, but I disagree with Murray’s concept of the third trend.

As Murray asserts, Hitler’s behavior with others after World War I was marked by the absence of conscience, compliance, and love.²⁹ However, in my opinion, this absence was not due to the defense of repression; rather, the absence of these qualities was a symptom of his PTSD.

Emotional numbness (or coldness) is one of the main symptoms of PTSD, and this was most marked in Hitler after World War I.³⁰ Prior to World War I, he had a limited capacity for affection and warmth for a few people, such as his mother and his adolescent friend, Kubizek.³¹ Combat trauma was an important cause of the almost complete dissolution of his conscience.³²

Murray’s formulation regarding the repression of conscience, compliance, and love does apply to a few people who have not been subjected (as Hitler was) to severe psychic trauma. When conscience, compliance, and/or love are repressed, they do not disappear; rather, they may continue to play an important unconscious part in the formation of certain symptoms and personality traits. In Hitler’s case, conscience, compliance, and love were not repressed; rather, they were nearly demolished.³³

In my opinion, Murray mistakenly asserts that Hitler’s allegedly “bad conscience” and guilt made a major contribution to his “self-vindicating criminality.”³⁴ Murray states, “[p]aradoxical as it may seem, Hitler’s repeated crimes are partly caused by conscience and the necessity of appeasing it The only method he has of subduing his mounting unconscious guilt is to commit another act of aggression”³⁵

Hitler’s diminished capacity for guilt prior to 1914 was almost extinguished by his long stressful service at the front in World War I. Virtually nothing he did or said

²⁸ MURRAY, *supra* note 2, at 2.

²⁹ DORPAT, *supra* note 1, at 97.

³⁰ *Id.*

³¹ *Id.* at 37-38.

³² *See id.* at 100-04.

³³ *See id.* at 293-304.

³⁴ MURRAY, *supra* note 2, at 12.

³⁵ *Id.*

following World War I indicated the existence of any authentic feelings of love or guilt.³⁶ However, he was a fairly good actor so he could, and often did, easily imitate feelings of love or guilt which he was not actually experiencing.³⁷

Professor Murray hypothesized that “as a boy Hitler was severely shocked (as it were, blinded) by witnessing sexual intercourse between his parents, and his reaction to this trauma was to swear revenge, to dream of himself as reestablishing the lost glory of his mother by overcoming and humiliating his father.”³⁸ Such primal scene traumas in the mid-twentieth century were thought to be a frequent occurrence. Today, however, one seldom hears of children being traumatized by the sight of parental sexual intercourse.

Some authors have based these reconstructions of Hitler suffering from a traumatic primal scene experience in childhood from a story he wrote in his book, *MEIN KAMPF*:

But if this battle is carried on between the parents themselves, and almost every day in forms which for vulgarity often leave nothing to be desired, then, if only very gradually, the results of such visual instruction must ultimately become apparent in the children. The character they will inevitably assume if this quarrel takes the form of brutal attacks of the father against the mother, of drunken beatings, is hard for anyone who does not know this milieu to imagine. At the age of six the pitiable little boy suspects the existence of things which can inspire even an adult with nothing but horror.³⁹

The importance of trauma stemming from primal scene experiences was greatly exaggerated prior to about 1980. Because we now have abundant evidence of his father’s alcoholism and his father’s beating his wife and his children, it is therefore much more probable that the story in *MEIN KAMPF* comes from Hitler’s memories of seeing his drunken father beating his mother rather than from primal scene experiences.⁴⁰

Most writers who have published books about Hitler agree that he underwent extensive personality changes in the years immediately following World War I.⁴¹ My

³⁶ DORPAT, *supra* note 1, at 97-98.

³⁷ *Id.* at 154-57.

³⁸ MURRAY, *supra* note 2, at 9.

³⁹ ADOLF HITLER, *MEIN KAMPF* 32 (Ralph Mannheim trans., 1962).

⁴⁰ DORPAT, *supra* note 1, at 122-23.

⁴¹ *Id.* at 114.

book, *WOUNDED MONSTER*, is the first to link most of those personality changes to chronic combat trauma in the Great War and the first to make the diagnosis of PTSD, the severe and lifelong psychiatric disorder Hitler suffered from during and following his stressful military service in World War I.⁴²

Hitler's malevolence emerged after decades of pathological development in childhood, adolescence, and early adulthood. Psychic development is a social or relational process.⁴³ The self and the mind are constructed over time from a multiplicity of interactions (relations) with other people.⁴⁴ Although there were many contributing causes of Hitler's malevolence, my investigation indicates that his chronic childhood and combat traumas were important and necessary causes of the malevolence.⁴⁵ The cruelty of his father and the violence of war became embedded, as it were, in his character.

I agree with Murray's opinion that Hitler's "immeasurable hatred" could be traced back to stressful abusive experiences with his father. However, Murray does not reveal the central importance of shame in the psychogenesis of Hitler's rage and hatred. The almost daily beatings plus the severe verbal abuse from his father inculcated shame and helplessness; those feelings, in turn, triggered hatred, rage, and a lifelong desire for revenge.⁴⁶ Murray is correct in saying that relations between father and son between 1900 and 1903 and before his father died were "stormy."⁴⁷

I do not fault Murray for omitting shame because the importance of shame in triggering feelings of rage and in the development of other types of psychopathology was not studied until late in the twentieth century.

A. Dr. Murray's Predictions of the Final Acts of the Führer's Career

Murray made nine predictions of what could happen at the end of Hitler's career, and his prediction that Hitler would commit suicide was strikingly prescient.⁴⁸ This prediction was based on the facts that the Führer had made many threats of suicide and that he had suffered from episodes of depression. Murray does not mention one of the

⁴² *Id.* at 95.

⁴³ *Id.* at 121.

⁴⁴ *Id.*

⁴⁵ *Id.* at 121-22.

⁴⁶ *See id.* at 122-25.

⁴⁷ MURRAY, *supra* note 2, at 98.

⁴⁸ *Id.* at 31.

strongest suicide risk factors, the history of prior suicide attempts, probably because few people in 1943 knew about the Führer's two previous suicide attempts.⁴⁹

There were two other predictions having some plausibility in 1943: Hitler could be killed by a German and his military command could capture and imprison him. These predictions were plausible at the time because some Germans had attempted to kill Hitler. On July 20, 1944, a group of army officers unsuccessfully tried to assassinate him. German generals during World War II, in the main, both feared and hated their commander, Hitler, because he was an incompetent commander and also because he had often treated them harshly.

Another prediction was that "Hitler may die: There is no reason to believe that Hitler will die of natural causes in the next three or four years . . ." ⁵⁰ Actually there were compelling reasons to believe that Hitler could die in the next three or four years after 1943 because he was suffering from several life-threatening and severe physical illnesses (hypertension, coronary artery disease, and Parkinsonism).⁵¹ Hitler, like some of the other leaders of the warring nations in World War II, concealed his illnesses from the public. Roosevelt had arteriosclerosis and hypertension and died a short time before the end of World War II; Churchill had chronic alcoholism; and Stalin suffered from some type of paranoid psychosis.

One prediction, "Hitler may get killed in battle," was most implausible in 1943 for reasons Murray and most others at that time knew nothing about. Hitler during World War II was so afraid of combat situations that he avoided viewing scenes of combat or seeing dead or wounded soldiers.⁵² He could not stand any direct encounters with the horrors of war. This symptom of PTSD involves intense fear and anxiety triggered by situations like the original traumatic situation (e.g., combat).⁵³ For more about this symptom, see my account of it in *WOUNDED MONSTER*.⁵⁴

⁴⁹ DORPAT, *supra* note 1, at 286-87.

⁵⁰ *Id.* at 226.

⁵¹ *Id.* at 257; *id.* at 261.

⁵² See *id.* at 269-71.

⁵³ *Id.*

⁵⁴ *Id.* at 270-71.

II. THE SIGNIFICANCE OF CHRONIC CHILDHOOD AND COMBAT TRAUMA IN THE FORMATION OF HITLER'S PSYCHOPATHOLOGY

WOUNDED MONSTER is the first book to provide an explanation for how, when, and why Adolf Hitler developed PTSD in World War I.⁵⁵ Nearly all biographers and historians have neglected the importance of Hitler's severe childhood trauma and his later prolonged combat trauma while serving as a German soldier at the Western Front in World War I. In WOUNDED MONSTER, I demonstrate how Hitler's chronic childhood and combat traumas became the most formative influence in his life, resulting in severe and enduring psychiatric disorders (i.e., BPD and PTSD) and malevolence after World War I.⁵⁶

Using the knowledge acquired by trauma researchers in the last part of the twentieth century, WOUNDED MONSTER explains the causes of Hitler's enduring psychiatric disorders and his personality malformations, especially his malevolence. Research on psychic trauma has led to an understanding of the psychological, social, and biological effects of acute and chronic psychic trauma on psychic development, mental health, and interpersonal relationships.

Repeated (almost daily) whippings and emotional abuse from Hitler's father resulted in major malformations in his personality that contributed to his mistrust of others and to paranoid tendencies, constriction in the range of emotions he could feel or express, shame proneness, depression symptoms, anxiety symptoms, an impaired ability to relate to others, and a serious and enduring psychiatric disorder, BPD.⁵⁷ In individuals with BPD, there is a pervasive pattern of impulsivity and of instability of interpersonal relationships, self-image, and emotions.⁵⁸ Adolf learned to compensate for feelings of shame and inadequacy by erupting into fits of rage, being grandiose, and developing a defensive sense of omnipotence.⁵⁹

In 1914, Hitler enthusiastically volunteered for service in the Bavarian Army and became one of the few soldiers on both sides of the World War I conflict to survive four

⁵⁵ See generally DORPAT, *supra* note 1.

⁵⁶ *Id.* at 95-97.

⁵⁷ See *id.* at 7-12; *id.* at 122-23.

⁵⁸ *Id.* at 20-21.

⁵⁹ See *id.* at 142-46.

years of combat service on the Western Front.⁶⁰ He served in the German infantry for the entire duration of the war.⁶¹ Hitler's long and stressful service at the Front constituted a severe and chronic psychic trauma. Research on World War II, Korean, and Vietnam War veterans who developed PTSD show that the duration of combat exposure is the most important cause of PTSD.⁶² These investigations demonstrate that few, if any, soldiers can tolerate over 250 days of combat exposure without developing a psychiatric disorder.⁶³

Hitler's correspondence early in World War I described various symptoms of PTSD including anxiety, insomnia, emotional numbing, and fear of suffering a nervous breakdown.⁶⁴ In October 1918, a British artillery shell exploded close to Hitler, partially burying him.⁶⁵ He developed symptoms of hysterical blindness and mutism, suffered a psychiatric breakdown, and was hospitalized at Pasewalk military hospital where he received psychiatric care for about a month.⁶⁶ A review of the symptoms mentioned in his correspondence early in World War I, the symptoms he had at Pasewalk Hospital, and those he had after World War I are the basis for my PTSD diagnosis. The medical records and the diary of Dr. Theodor Morell, Hitler's personal physician, and the reports of Hitler's colleagues indicate that symptoms of PTSD remained with Hitler until his death.⁶⁷

The diagnosis of PTSD was first developed shortly after the Vietnam War. Murray and others used the term "war neurosis" as a diagnosis for Hitler's psychiatric illness while he was hospitalized at Pasewalk.⁶⁸

Moderate to severe chronic trauma at any age has deleterious effects on the traumatized individual: first, it often arrests normal development in one or more sectors of the personality; second, it almost always initiates pathological development; third, it impairs or even destroys certain psychic structures.⁶⁹ An example of Hitler's

⁶⁰ *See id.* at 73-87.

⁶¹ *Id.*

⁶² *See id.* at 101-04.

⁶³ *Id.* at 103-04.

⁶⁴ *Id.* at 77.

⁶⁵ *Id.* at 89, 96.

⁶⁶ *See id.* at 89-93.

⁶⁷ *Id.* at 281-82.

⁶⁸ MURRAY, *supra* note 2, at 131.

⁶⁹ DORPAT, *supra* note 1, at 293.

developmental arrest was his inability to love; an example of pathological development was his malevolence; and an example of psychic destruction was the dissolution of his conscience.⁷⁰ His beliefs in societal and religious morals were shattered during World War I after which he was no longer restrained by guilt or the prohibitions of a conscience.⁷¹ In one of Hitler's many private attacks on conscience and morals, he derisively called conscience a "Jewish invention."⁷²

The extraordinarily long duration of Hitler's exposure to stressful combat in World War I was the major cause of his PTSD. The diagnosis of PTSD is based on the history of almost four years of highly stressful duty and multiple life-threatening events, as well as the development of the following symptoms: feelings of estrangement from others; nightmares which replicated the traumatic event; anxiety symptoms; the avoidance of situations similar to the traumatic combat events; chronic insomnia; psychic numbness; a restricted range of emotional expressions; a fearful sense of foreshortened future; and outbursts of rage.⁷³

A. Violence in Individuals with PTSD

In one study, American male Vietnam veterans with PTSD reported an average of 13.3 acts of violence in the preceding year, in contrast to 3.5 in their non-PTSD control group members.⁷⁴ Although an alarmingly large number of war veterans with PTSD do become violent, as shown in the foregoing and many other scientific studies, I am not claiming that all combat veterans with PTSD become violent.

Dr. Jonathan Shay, a psychiatrist whose patients are Vietnam veterans with chronic PTSD, has spent years studying the "specific nature of catastrophic war experiences that not only cause lifelong disabling psychiatric symptoms but *can ruin good character*."⁷⁵ According to Shay, *The Iliad* is the story of the destruction of

⁷⁰ *Id.* at 293-94.

⁷¹ *Id.* at 132.

⁷² *Id.* at 133.

⁷³ *Id.* at 96.

⁷⁴ Natasha B. Lasko et al., *Aggression and Its Correlates in Vietnam Veterans With and Without Chronic Posttraumatic Stress Disorder*, 35 *COMPREHENSIVE PSYCHIATRY* 373-81 (1994).

⁷⁵ JONATHAN SHAY, M.D., *ACHILLES IN VIETNAM: COMBAT TRAUMA AND THE UNDOING OF CHARACTER* xiii (1994) (emphasis added).

Achilles' once noble character by war trauma.⁷⁶ Shay writes, “[t]he moral dimension of trauma destroys virtue, [and] undoes good character.”⁷⁷

Although Hitler's violence and antisocial behavior emerged during or soon after his chronic combat trauma, the foundations for the later development of his malevolence were established during his chronic childhood trauma and the consequent formation of his BPD. The scientific literature on American veterans of World War II, the Korean War, and the Vietnam conflict supports my hypothesis that both Hitler's childhood trauma and his later chronic combat trauma were important causes of his malevolence. Research on war veterans with PTSD shows that a history of physical abuse and/or other kinds of chronic childhood trauma predispose soldiers to the development of PTSD and violent behaviors.⁷⁸

In sum, Murray's descriptions of Hitler's personality are for the most part accurate. However, his formulations and explanations reflect the concepts of psychiatrists of his time. *WOUNDED MONSTER* uses the trauma theory developed in the last half of the twentieth century to help explain how Hitler's chronic childhood and combat traumas caused his serious psychiatric disorders (BPD and PTSD) and his malevolence.

⁷⁶ *Id.* at xx-xxi.

⁷⁷ *Id.* at 37.

⁷⁸ DORPAT, *supra* note 1, at 122.