

A Criminological Study of The Meseritz-Obrwalde Nurses During the Second Euthanasia Phase

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Abstract

The euthanasia programme was established by the Nazi government in 1939 and lasted until the end of the Second World War in 1945. The programme took form as either killing centres or psychiatric institutions, situated all over Nazi Germany and its occupied territories. Nurses played an important role in the euthanasia programme as they intentionally and systematically took part in killing between 200,000 and 250,000 physically and mentally disabled patients.¹ The killing of the so-called “unfit” was justified as scientifically based, partly explaining why some nurses rationalised their action as necessary and even morally good. In the aftermath of the war, only a few nurses were charged with crimes against humanity. The majority were free of charges and able to continue their careers as nurses. This article aims to contribute by adding knowledge about a group of perpetrators that is understudied in the Holocaust literature and ignored by criminological studies, by applying the conceptual tools of ideological and situational factors and neutralisation theory.

Introduction

Criminological studies on atrocity crimes and genocide developed in the 1990s.² Despite the vacancy up until that point, criminologists are by no means newcomers to the study of these crimes.³ Already in 1915, Émile Durkheim analysed German

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¹ “Nazi Persecution of The Mentally & Physically Disabled”, Jewishvirtuallibrary.org, accessed 16 December 2020, <https://www.jewishvirtuallibrary.org/nazi-persecution-of-the-mentally-and-physically-disabled>.

² Andy Aydın-Aitchison, “Criminological theory and International Crimes: examining the potential” in *Criminological Approaches to International Criminal Law*, eds. Ilias Bantekas, I. and Emmanouela Mylonaki (UK, Cambridge university Press, 2014), 22.

³ Susanne Karlstedt, Hollie Nyseth Brehm and Laura C. Frizzell, “Genocide, Mass Atrocity, and Theories of Crime: Unlocking Criminology’s Potential”, *Annual Review of Criminology* (2021), 4,

mentality and conduct during the First World War.⁴ Durkheim's studies on group experiences and state crime continues to be relevant to atrocity crimes today.⁵ Other criminological scholars such as Sheldon Glueck, and Hermann Mannheim have looked at international crimes and war crimes.⁶ With the development of international law and institutions, there has been a growing interest in the criminological field to study atrocity crimes. Criminology is primarily concerned with understanding the past to shape the future by advancing our understanding of the causes and costs of crime in society. Since the Holocaust we have continued to witness a relentless stream of atrocities, reminding us of the importance of continuing to enhance our knowledge about atrocity crime and its perpetrators, in order to prevent situations of atrocity from being repeated in the future.

The scholarship on how criminology and genocide studies can enrich each other⁷ provides important literature for this article. This enrichment partly lies in the combination of perpetrator studies and Holocaust scholarship, offering an insightful and multi-dimensional toolbox that can be used to explain why seemingly 'ordinary' individuals become perpetrators of genocide and atrocity crimes.⁸ Criminological research has tended to focus on the micro- (individual) and macro- (state) level to explain criminal behaviour. However scholars such as Annika van Baar and Win Huisman⁹ addressed the ignored category of perpetrators at the meso-level. The meso-level is in the

76; Aydın-Aitchison, "Criminological theory and International Crimes: examining the potential" (2014).

⁴ Aitchison, "Criminological theory and International Crimes: examining the potential", 2014, 6.

⁵ Vittorio Cotesta, "Classical Sociology and the First World War: Weber, Durkheim, Simmel and Scheler in the Trenches", *History* 102, no. 351 (London, 2017).

⁶ Aitchison, "Criminological theory and International Crimes: examining the potential", 2014, 7.

⁷ William R. Pruitt, "How Criminology can engage in Theorizing on Genocide", *International Journal of Criminal Justice Science* 9, no. 1 (2014); Joachim Savelsberg, "Can Genocide Studies and Criminology Enrich Each Other?" in *Crime and Human Rights: Criminology of Genocide and Atrocities*, London: SAGE Publications Ltd. (2010); Annika Van Baar and Win Huisman, "The oven builders of the Holocaust: a case study of corporate complicity in international crimes", *The British Journal of Criminology* 52, no. 6 (2012); Alette Smeulers, "Female Perpetrators: Ordinary or Extra-ordinary Women?", *International Criminal Law Review* 52, no. 2 (2015); Kjell Anderson, "Who Was I to Stop the Killing?: Moral Neutralization Among Perpetrators of Genocide", *Journal of Perpetrator Research* 1, no. 1 (2017).

⁸ Alexander Alvarez, "Adjusting to Genocide: The Techniques of Neutralization and the Holocaust", *Social Science History* 21, no. 2 (1997); Gresham M. Sykes and David Matza, "Techniques of Neutralization: A Theory of Delinquency", *American Sociological Review* 22, no. 6 (1957); Hannah Arendt, "Eichmann in Jerusalem: A Report on the Banality of Evil", by Hannah Arendt, *The Political Quarterly* 35, no. 1 (1964).

⁹ Van Baar and Huisman, 2012 analysed the German corporation Topf & Söhne who built cremation ovens for concentration camps and extermination camps in Nazi Germany.

space between the national or international level and the individual level.¹⁰ This article seeks to contribute to new criminological studies from the meso-level of analysis, by trying to make better sense of why a group of nurses at Obrwalde-hospital killed their patients during the second euthanasia phase. Doing so will result in added knowledge about an inter-mediate group of nurses from the Meseritz-Obrwalde hospital that are understudied in the Holocaust literature and ignored by criminology studies.

The article argues that a seemingly 'ordinary' group of nurses turned into perpetrators of atrocity crime due to the extraordinary circumstances at Obrwalde hospital during the second euthanasia phase, where nurses justified the killing of patients "unworthy of living" as part of a twisted form of care. The first part is dedicated to methodology, data, and conceptual tools. The second part will highlight the extraordinary conditions which changed nursing ethics before and during the Nazi regime. The article's contributions are found in the third and fourth part. The third part examines trial statements from the Meseritz-Obrwalde nurses to explore what factors may have influenced them to become perpetrators. The fourth part applies the techniques of neutralisation theory to de-mystify the 'patterns of thought' of the nurses on trial and discuss the specific explanatory styles used to defend themselves. Finally, this article will conclude that by having applied a criminological lens to study this group of nurses in the Holocaust literature, it has led to an increased familiarisation of an understudied group of perpetrators of atrocity crime.

Methodology, Data and Conceptual Tools

This article has been driven by a criminological theorisation of secondary qualitative data, with a particular focus on the meso-level. The secondary qualitative data was collected primarily from health care professionals' work,¹¹ particularly Susan Benedict who has co-written extensively about the Obrwalde nurses during the second euthanasia phase, in English.¹² Benedict is a healthcare professional who has written

¹⁰ Evgeny Finkel and Scott Straus, 2012, 58.

¹¹ The nurses' political and ethical role during the Third Reich were first addressed in the pioneering work *Krankenpflege im Nationalsozialismus* by Dr Hilde Steppe in 1989.

¹² Primarily the nurses' trial testimonies accessed by Susan Benedict. The secondary qualitative data includes Susan Benedict and Jochen Kuhla, "Nurses' Participation in the Euthanasia Programs of Nazi Germany", *Western Journal of Nursing Research* 21, no. 2 (1999); Susan Benedict, "Killing While Caring: The Nurses of Hadamar", *Issues in Mental Health Nursing* 24, no.1 (2003); Susan Benedict, Arthur L. Caplan and Traute Lafrenz Page, "Duty and

about nurses in Nazi Germany with the intention of educating the nursing profession about this dark past of nursing history and its relevance today.¹³ While the trial files were placed and sealed in Staatsarchiv München for 80 years after the birth of the youngest defendant,¹⁴ Benedict gained early access to these files. The Holocaust literature written by historians was applied to provide a broader understanding of the context in which the nurses were placed.¹⁵ To protect the nurses' identity, the available literature examining the Obrwalde nurses' trial testimonies uses pseudonyms and replaces several features and personal identifiers to preserve anonymity. This article aimed to make greater sense of the information available, by performing cross-examinations of the data in two phases. The first phase sought to establish a coherent set of information by comparing each anonymised nurse and their testimonies in all of Benedict's relevant co-authored publications.¹⁶ The second phase entailed cross-examining established information from Benedict's work with the existing literature mainly by historians.¹⁷

Theory was applied to an under-theorised area of study to make better sense of the nurses' participation. The conceptual tools applied were situational and ideological factors, and techniques of neutralisation theory. Starting with the former, it has become generally accepted by scholars that perpetrators of atrocity crimes are ordinary

'euthanasia': The nurses of Meseritz-Obrwalde", *Nursing Ethics* 14, no. 6 (2007); Susan Benedict and Tessa Chelouche, "Meseritz-Obrwalde: a 'wild euthanasia' hospital of Nazi Germany", *History of Psychiatry* 19, no. 1 (2008); Susan Benedict and Jane M. Georges Benedict, "Nurses in the Nazi 'euthanasia program': a critical feminist analysis", *Advances in Nursing Science* 32, no. 1 (2009); Susan Benedict and Linda Shields, "Meseritz-Obrwalde: a site for "Wild Euthanasia" in *Nurses and Midwives in Nazi Germany: The Euthanasia Programs* (New York: Routledge, 2014).

¹³ Benedict and Georges, 2009, 71.

¹⁴ Benedict and Georges, 2009.

¹⁵ Michael S. Bryant, *Confronting the Good Death: Nazi Euthanasia on Trial, 1945-1953* (Boulder CO: University Press of Colorado, 2005); Henry Friedlander, *The origins of Nazi genocide: from euthanasia to the Final Solution* (Chapel Hill, NC: University of North Carolina Press, 1995); Dick De Mildt, *In the Name of the People: perpetrators of genocide in the reflections of their post-war prosecution in West Germany. The euthanasia and Aktion Reinhar Trial cases* (The Hague/London/Boston: Martinus Nijhoff Publishers, 1996); Brian Shane Stufflet, "No 'Stunde Null': German Attitudes toward the Mentally Handicapped and their Impact on the Postwar Trials of T4 Perpetrators" (PhD thesis, University of Florida, 2005).

¹⁶ Benedict and Kuhla, 1999; Benedict, 2003; Benedict and Chelouche, 2008; Benedict and Georges, 2009; Benedict and Shields, 2014.

¹⁷ McFarland-Icke, 1997; Friedlander, 1995; De Mildt, 1996; Sylvia Anne Hoskins, "Nurses and National Socialism a Moral Dilemma: one historical example of a route to euthanasia", *Nursing Ethics* 12, no.1 (2005); Roderick Stackelberg and Sally A. Winkle, "The Holocaust" in *The Nazi Germany Sourcebook: An Anthology of Texts* (London: Routledge, 2002).

individuals within extraordinary circumstances. However, one ongoing debate in the field of criminology is to what extent situational and ideological factors can explain why people become perpetrators of atrocity crime, and which one is more important.¹⁸ Christopher Browning¹⁹ and Daniel Goldhagen²⁰ are often placed at the centre of this debate. Browning emphasised situational rather than ideological factors to explain why the Police Battalion 101 and other battalions shot and killed hundreds of civilian Jews during the Holocaust.²¹ 85 to 90 percent of the Battalion obeyed the orders to kill,²² raising the question of whether perpetrators require predispositions like a particular personality to become perpetrators. In response to Browning's thesis, Goldhagen²³ believed Browning to be naïve as the Battalion turned into killers not because of the situational factors, like group dynamics, but mainly due to an eliminationist anti-semitism ingrained in the German culture even before the Holocaust.²⁴ This brief description of the debate between the two scholars has evolved since the 1990s, but it is used here to highlight the point that it is not particularly useful to view situational and ideological factors within a false dichotomy. Instead, research would benefit from studying them as a combination, which this article attempts to do.

Another central debate in criminology is "why did they do it?". Gresham Sykes and David Matza's techniques of neutralisation theory was initially developed to understand juvenile delinquency, identifying five commonly employed techniques: denial of responsibility, denial of injury, denial of the victim, condemnation of the condemners, and appeal to higher loyalties.²⁵ But the theory's usage has since been extended to other groups and crimes.²⁶ An article by Bryant, Schimke, Brehm and Uggen states

¹⁸ Alette Smeulers, "Historical Overview of Perpetrator Studies" in *Perpetrators of international crimes: theories, methods, and evidence*, eds. Alette Smeulers, Maartje Weerdesteijn and Barbora Holá (1st ed. Oxford: Oxford University Press, 2019).

¹⁹ Christopher R. Browning, *Ordinary Men: Reserve police Battalion 101 and the final solution in Poland*, ed. Christopher R. Browning (New York: Aaron Asher Books, 1992).

²⁰ Daniel Jonah Goldhagen, *Hitler's Willing Executioners: ordinary Germans and the Holocaust*, (Vintage, 1997).

²¹ Augustine Brannigan, "Criminology and the Holocaust: Xenophobia, Evolution, and Genocide", *Crime and Delinquency* 44, no.2 (1998).

²² Michael Mann, "Were the Perpetrators of Genocide "Ordinary Men" or "Real Nazis"? Results from Fifteen Hundred Biographic", *Holocaust and Genocide Studies* 14, no. 3 (2000): 357.

²³ Goldhagen, 1997.

²⁴ Brannigan, 1998, 262.

²⁵ Gresham M. Sykes and David Matza, "Techniques of Neutralization: A Theory of Delinquency", *American Sociological Review* 22, no. 6 (1957).

²⁶ Gerd Bohner et al., "Rape Myths as Neutralizing Cognitions: evidence for a causal impact of anti-victim attitudes on men's self-reported likelihood of raping", *European Journal of Social*

there are only three studies applying the “classic techniques”²⁷, that was coined by Sykes and Matza, to genocide. This article contributes by making use of the “classic techniques” as well as three other techniques developed in other studies on genocide. Because, in agreement with Bryant, Schimke, Brehm and Uggen²⁸ the “classic techniques” do not fully capture all aspects of defendants’ accounts, especially in studying perpetrators of genocide. By adding these techniques: denial of humanity,²⁹ and victimisation technique as well as appeals to good character,³⁰ our knowledge about the nurses as a group of perpetrators have advanced.

Research applying neutralisation theory to atrocity crime faces similar problems. This theory has mainly been applied to conceptualise post hoc rationalisation used to avoid stigma and (self-)blame.³¹ But in the case of atrocities, scholars have argued that techniques of neutralisation can also be utilised to neutralise internal constraints before the crime takes place, hence ex ante techniques.³² However, the lack of empirical evidence poses a methodological problem due to difficulties in determining whether the techniques can be in play at the time of perpetration, as opposed to representing merely defensive strategies. With acknowledgement of this limitation and due to the lack of space, this article will focus on all the techniques as post hoc.

Background

The Eugenics Movement and Nazi Ideology

The systematic killing of disabled children and adults signified the first mass-murder of the Second World War, representing a phase which would improve and test killing methods for the Holocaust.³³ But despite its significance, it has gained relatively little

²⁷ *Psychology* 28 (1998): 257-268; Diana Scully and Joseph Marolla, “Convicted Rapists’ Vocabulary of Motive: Excuses and Justifications”, *Social Problems* 31, no. 5 (1984).
Emily Bryant et al., “Techniques of Neutralization and Identity Work Among Accused Genocide Perpetrators”, *Social Problems* 65, no.4 (2018).

²⁸ Bryant et al., 2018.

²⁹ Alvarez, 1997.

³⁰ Bryant et al., 2018.

³¹ Bryant et al., 2018.

³² Alvarez, 1997; Robert Agnew, “Building on the Foundation of General Strain Theory: Specifying the Types of Strain Most Likely to Lead to Crime and Delinquency”, *The Journal of Research in Crime and Delinquency* 38, no. 4 (2001): 319–361; Bryant et al., 2018.

³³ Friedlander, 1995, 22.

attention in scholarly research.³⁴ In 1939, on the day the war began, the National Socialist Government secretly implemented a policy of killing disabled children.³⁵ An adult programme was quickly formed to operate alongside the children's programme.³⁶ The "lives unworthy of living" was the ideology used to make mentally and physically disabled individuals a group of 'other' and originates from the eugenics movement.³⁷ In the 19th century, the science of eugenics became a widespread movement dominating the legal and medical discourse in Europe and North America.

Two important scholars of the science of eugenics were Karl Binding and Alfred Hoche who published a book called *Allowing the Destruction of Life Unworthy of Life: Its Measure and Form*.³⁸ This book and the very term euthanasia would become a great inspiration to Hitler, used to justify the euthanasia programme, because Binding and Hoche applied eugenic ideas to society by rationalising the killing of disabled in several ways. First, the disabled were identified as a burdensome group in society that further stood in the way of enhancing the human race and human progress.³⁹ This rationalisation was argued to be supported by 'science'. Binding and Hoche also applied biological determinism to state that disabled people were biologically less intelligent and even criminal.⁴⁰ In addition, economic factors also played a role to label disabled people "unworthy of living" because they were argued to not provide financial benefits to society, rather the opposite.⁴¹ The latter factor was significant for Hitler since Germany was under poor economic conditions after the First World War.⁴² Thus, preservation of food and hospital facilities was key.⁴³ When Hitler came to power, the Nazi ideology took advantage of the older eugenic ideas and principles, applying them to their new racial and eugenic policy.⁴⁴ As a result, the Nazi regime had created an 'other' in society.

³⁴ Friedlander, 1995.

³⁵ Benedict, Caplan and Page, 2007, 782.

³⁶ Benedict, Caplan and Page, 2007, 782.

³⁷ Friedlander, 1995.

³⁸ The book is cited in Mark P. Mostert, "Useless Eaters", *The Journal of Special Education* 36, no. 3 (2002).

³⁹ Benedict and Kuhla, 1999.

⁴⁰ Friedlander, 1995.

⁴¹ Benedict, 2003.

⁴² Bryant, 2015.

⁴³ Bryant, 2015.

⁴⁴ Friedlander, 1995, 20.

Nursing Ethics and Patriotism

During the first phase of euthanasia the killing centres, also called the T4 euthanasia centres, killed an estimated 5,000–10,000 children.⁴⁵ Hitler put in place a eugenics and racial policy to justify the euthanasia programme, yet he aimed to keep it a secret,⁴⁶ which indicates a moral struggle to justify the killings. Friedlander reflected on this secrecy through the means of discourse, exemplified with the term “mercy killing” that was used by the Nazi state and euthanasia professionals to camouflage the killing.⁴⁷ In fact, the very definition of euthanasia changed in the 1890s due to the eugenics movement.⁴⁸ As a result, the decision of euthanasia was no longer given to the concerned patient but to the family, professionals, and the state who were handed the power and control to dictate disabled individual’s right to life.⁴⁹ Despite the attempt to keep the killing centres a secret from the public, an increase of people and leaders of the Catholic and Protestant church started to suspect what took place at these seemingly ordinary hospitals and condemned it.⁵⁰

The increased awareness about what took place in these seemingly ordinary hospitals resulted in Hitler’s decision to shut down the six euthanasia hospitals (Grafeneck, Brandenburg, Hartheim, Sonnenstein, Bernburg and Hadamar) in 1941.⁵¹ But it was only for show, as the euthanasia programme simply took a new form. The second euthanasia phase started in 1942, characterised by decentralised killing independently carried out by a few designated hospitals (Meseritz-Obrawalde, Hadamar, and Tiegenhof) and their staff.⁵² Scholars like Benedict and Kuhla point out that this period is often labelled the “wild” phase, a term that was also used by the perpetrators.⁵³ In order to avoid reproducing the perpetrator’s language, this article terms the period of inquiry the second euthanasia phase.

⁴⁵ Benedict and Kuhla, 1999.

⁴⁶ “Program to Murder People With Disabilities”, United States Holocaust Memorial Museum, Washington, DC, 2020. Accessed 9 April 2023, <https://encyclopedia.ushmm.org/content/en/article/the-murder-of-people-with-disabilities>.

⁴⁷ Friedlander, 1995.

⁴⁸ Mostert, 2020.

⁴⁹ Mostert, 2020.

⁵⁰ Mostert, 2020.

⁵¹ Mostert, 2020.

⁵² Friedlander, 1995.

⁵³ Benedict and Kuhla, 1999, 251.

The killing techniques in the second euthanasia phase involved a more hands-on process, representing the period where nurses turned into active killers.⁵⁴ The collaboration and dependency between the medical profession and the Nazi state was strong. Sociologist Everett Hughes states that during state-organised crime, ordinary people can more easily become perpetrators.⁵⁵ This is because the criminal behaviour of deviance is learnt under specific conditions.⁵⁶ This idea of learned deviance resonates with the Obrawalde nurses, because the Nazi state gave the 'dirty work' of killing disabled people to the nurses and medical professionals.⁵⁷ To understand this better, we need to examine what extraordinary conditions enabled health care professionals to kill. As emphasised by Mary-Dean Lagerway, the Nazi ideology demanded radical shifts in the nursing profession and nursing ethics to make it the largest group of healthcare providers during the Third Reich.⁵⁸ When Hitler came to power, the nursing profession became government-controlled and therefore was given a new social recognition, professionalisation, and unification.⁵⁹ It was a radical shift considering that during the 19th century, the Catholic and Protestant churches predominantly controlled what was then an unpaid 'calling' under so-called Motherhouses.⁶⁰ The 'calling' was centred around humility, sacrifice, and obedience,⁶¹ but most importantly selfless devotion towards patients.⁶² The Nazi eugenic ideology managed to violate the most important nursing value by making disabled patient's autonomy secondary to the health of the Volk. It was under these extraordinary conditions that nursing became an expression of patriotism, taught to practise killing of "unfit" patients as a twisted form of nursing care.

Nurses on Trial: Accomplices or Perpetrators?

⁵⁴ Benedict and Kuhla, 1999.

⁵⁵ Everett C. Hughes, "Good People and Dirty Work", *Social Problems* 10, no. 1 (1962).

⁵⁶ David S. Davis, "Good People Doing Dirty Work: a study of social isolation", *Society for the Study of Symbolic Interaction* 7, no. 2 (1984): 233-247.

⁵⁷ Quote in Davis, 1984, 233.

⁵⁸ Mary-Dean Lagerway, "Ethical Vulnerabilities in Nursing History: Conflicting loyalties and the patient as 'other'", *Nursing Ethics* 17, no. 5 (2010): 590-602.

⁵⁹ Hilde Steppe, "Nursing in Nazi Germany", *Western Journal of Nursing Research* 14, no. 6 (1992): 744-753.

⁶⁰ Benedict and Shields, "Meseritz-Obrawalde: a site for "Wild Euthanasia", 2014.

⁶¹ Steppe, 1992.

⁶² Benedict and Shields, "Meseritz-Obrawalde: a site for "Wild Euthanasia", 2014.

14 nurses from Obrwalde were sent to trial in Munich, Germany in 1965. There were initially 15 nurses, but one nurse took her own life before the trial took place.⁶³ The nurses were accused of killing and/or being compliant with killing during the period between 1942 and 1945.⁶⁴ Obrwalde was a psychiatric hospital considered to be one of the most notorious killing centres during the second euthanasia phase.⁶⁵ Despite the uncertainty surrounding the number of victims at this hospital, it is said to have included at least 10,000 victims, some of whom were disabled German soldiers.⁶⁶ Survivors of this killing centre stated that between 30 and 50 people were killed daily.⁶⁷ At the time, the hospital was located near the town of Pomerania in Meseritz, what is now modern-day Poland.⁶⁸

One Obrwalde nurse, Helene Wieczorek, was prosecuted alongside her co-defendant Dr Wernicke in 1946 in the West German Trial. Nurse Wieczorek was one of the few from the euthanasia personnel prosecuted, let alone executed, after the war.⁶⁹ This tells us the importance of timing, because in stark contrast to Wieczorek, the prosecuted nurses in the 1965 trial were acquitted. The acquittal in 1965 demonstrated a lack of judicial will to prosecute Nazi perpetrators. The Court portrayed the nurses as accomplices instead of perpetrators reasoned within the new version of the German Code 211, created in 1941 to include the rather subjective requirement of assessing the defendant's entire personality.⁷⁰ In this way, the Court considered the nurses not to be ideologically driven with a clear criminal intent but rather driven by "characteristic flaws".⁷¹ The "characteristic flaws" of these "intellectually exceptionally clumsy" nurses were rooted in what the Court believed to be a lack of education and a taught obedience to follow orders.⁷² The next part of this article aims to critically examine the most important ideological and situational factors that influenced the nurses to kill.⁷³

⁶³ Benedict, Caplan and Page, 2007, 785.

⁶⁴ Benedict, Caplan and Page, 2007.

⁶⁵ "Nazi Persecution of The Mentally & Physically Disabled". Jewishvirtuallibrary.org (1998). Accessed 16 December 2020.

⁶⁶ Sylvia Anne Hoskins, "Nurses and National Socialism a Moral Dilemma: one historical example of a route to euthanasia", *Nursing Ethics* 12, no. 1 (2005).

⁶⁷ Benedict, Caplan and Page, 2007, 784.

⁶⁸ Jewish virtual library, 1998.

⁶⁹ Friedlander, 1995.

⁷⁰ Bryant, 2005.

⁷¹ De Mildt, 1996, 320.

⁷² De Mildt, 1996, 320.

⁷³ This part is especially acknowledging the health care professionals' literature, particularly Professor Susan Benedict's work on the Obrwalde nurses.

Political Commitment, Eugenic Ideology and Religion

Martha W. (accused of participating in killing 150 patients): ⁷⁴

“When I’m reproached for the fact that I was brought up as a Catholic and the commandments also represent my convictions, this is correct. Until today, it is my conviction that people are not allowed to interfere. Nevertheless, I participated in the killings, and I recognize that I acted against the commandments and my conviction and have burdened my conscience seriously. The only explanation I can give is that I didn’t have enough time to think about it at that time because the nurses were put under a lot of stress.”.

Out of the nurses examined, Berta S. and Anna G. were the only members of the Nazi party, however they were allegedly never politically active.⁷⁵ The lack of direct political commitment may be explained by the fact that most of the Obrawalde nurses received their education in the late 1920s and early 1930s.⁷⁶ Therefore, some nurses must have begun their careers before the Nazi requirement of political commitment while others may have already been working at Obrawalde and re-hired when the hospital became a euthanasia centre. In fact, a mere seven to nine percent of German nurses were Nazi members in 1939 which poses as an interesting comparison to the 45 per cent of physicians.⁷⁷ These numbers support Mann’s argument that the higher the rank, the more likely they were ‘real’ Nazi killers.⁷⁸ While the nurses might not have been what Mann called “real” Nazi killers, they were ideologically driven, however mostly by other factors.

It appears that the eugenic ideology was a more significant factor than direct political commitment, reflected in the way the nursing profession was used as a political tool of

⁷⁴ Quote taken from Ebbinghaus, 1987, 240 in Benedict and Kuhla, 1999, 256.

⁷⁵ De Mildt, 1996.

⁷⁶ De Mildt, 1996.

⁷⁷ Darcy Copeland, “Psychiatric Nurses’ Role in the Holocaust and Current Implications”, *Journal of Psychiatric and Mental Health Nursing* 28, no. 3 (2021): 488–493.

⁷⁸ Michael Mann, “Were the Perpetrators of Genocide “Ordinary Men” or “Real Nazis”? Results from Fifteen Hundred Biographic”, *Holocaust and Genocide Studies* 14, no. 3 (2000).

National Socialism's health care policy.⁷⁹ Even though the eugenic ideas were deeply internalised within the nursing profession through education and practice, it was also greatly challenged by the nurses' religious beliefs as stated by Martha W. Interestingly, Hitler allowed the nursing profession to keep its religious traditions. By observation, traditional Protestant and Catholic nursing organisations accounted for 67.28 per cent of the total 143,343 nurses registered in 1933, while the National Socialist (NS) organisation accounted for only 7.59 percent.⁸⁰ However, Hitler failed to align the two contradictory ideas of the eugenic principle of "life unworthy of life" and the religious belief of 'thou shalt not kill' because, while some nurses managed to believe in the moral importance of relieving patients' suffering, other nurses found this contradiction to be a source of great internal conflict which will be further exemplified.

Obedience, Duty, Gender and Law

Luise Erdmann (accused of participating in 210 killings):⁸¹

"I was used to obey strictly the orders of the physicians. I was brought up and instructed to do so. As a nurse or orderly, you don't have the level of education of a physician, and thus, one can't evaluate if the order of the physician is right. The permanent process of obeying the order of a physician becomes second nature to the extent that one's own thinking is switched off".

Luise Erdmann was the main defendant in the 1965 trial, reasoning that she killed because she was taught absolute obedience. The Obrawalde nurses mainly came from middle-class families with a general education not surpassing elementary school.⁸² At the time, nursing education was one year of domestic service before working 18 months on-the-job training at a hospital.⁸³ Additionally, an obligatory 100 hours of theory on eugenics and nursing care was given by physicians.⁸⁴ The core

⁷⁹ Steppe, 1992.

⁸⁰ See Figure 1 in appendix for table, Granted re-usage by Nomos Publisher of this figure in: Alison J. O'Donnell, Susan Benedict, Jochen Kuhla and Linda Shields, "Nursing during National Socialism: Complicity in terror, and heroism" in *Torture: Moral absolutes and ambiguities* (eds.) Bev Clucas, Gerry Johnstone and Tony Ward (Germany: Nomos, 2019):159.

⁸¹ Quote from Ebbinghaus, 1987, 232 in Benedict and Kuhla, 1999, 255.

⁸² Benedict, Caplan and Page, 2007.

⁸³ Benedict, Caplan and Page, 2007.

⁸⁴ Lagerway, 2010.

Christian values of obedience, humility, sacrifice, selflessness and group conformity complimented the eugenic practice at Obrwalde, because orders from physicians and head nurses were taught to be prioritised above independent thinking and responsibility to patients' autonomy.⁸⁵ These founding pillars for German nursing also aligned with women's existing role in society.⁸⁶ Because since the 19th century, the nursing profession was deemed ideal for women,⁸⁷ which may help to contextualise why Erdmann stated she was "brought up" to obey.

The culture of unquestioned loyalty and obedience to the hierarchy at Obrwalde was so extreme that some nurses believed in a (false) law taking form as a written authorisation by Hitler from 1939. It allegedly gave them legalised order to kill. Physicians and head nurses spoke of this false law to lower-ranking nurses presumably with the intent of convincing them that killing still made them law-abiding citizens. However, as stated by Rebekah McFarland-Icke, a new killing law was not that consequential so long as someone else could take accountability,⁸⁸ demonstrated when Martha Elisabeth G. felt "relieved" that Dr. Wernicke agreed to take full responsibility for the killings. Erdmann's statement reflects that the nurses were products of a professional and societal culture of obedience.⁸⁹ But as the next two categories of factors show, the nurses also had a level of agency to decide whether to participate or not.

Fear of Punishment

Helene Wiczorek (accused of killing several hundred patients):⁹⁰

"I only did my duty, and I did everything on order of my superiors. The Director Grabowski always warned us of the Gestapo. He said he would inform the Gestapo if we didn't do what he ordered".

⁸⁵ Steppe, 1992.

⁸⁶ Steppe, 1992.

⁸⁷ Lagerway, 2010.

⁸⁸ Elisabeth Bronwyn McFarland-Icke, "Moral consciousness and the politics of exclusion: Nursing in German psychiatry, 1918-1945" (PhD Thesis, The University of Chicago, 1997) ".

⁸⁹ Michael Burleigh "Psychiatry, German society and the 'euthanasia' programme" in *Ethics and Extermination: Reflections on Nazi Genocide* (Cambridge: Cambridge University Press, 1997a) 113-129.

⁹⁰ Quote from Ebbinghaus, 1987, 219 in Benedict and Kuhla, 1999, 255.

The fear of punishment and unquestioned obedience to authority represents the most frequently used explanations by the nurses. Fear was primarily driven by Walter Grabowski who became Director in the Autumn of 1941, at which point the whole atmosphere at Obrawalde allegedly changed.⁹¹ The staff were required to work 14-hour shifts,⁹² and the lack of socialisation and a sense of comradeship left them with a feeling of isolation, fear, and uncertainty. Grabowski was a dedicated Nazi member known for his unpleasant nature and violent reputation, even scaring the physicians and head nurses like Wieczorek.⁹³ However, Grabowski did not actually punish non-complicit nurses. This is illustrated when Elly Buchsenschuss refused to kill patients, both due to her lung illness, as well as her general moral standing. Despite threats from Dr. Wernicke and head nurse Amanda Ratajczak, Elly Buchsenschuss refused to kill and was not punished for her decision, other than being degraded from her position as a head nurse.⁹⁴ The incident demonstrates the point also made by McFarland-Icke, that the few who refused to actively kill were merely handled by Grabowski as administrative matters.⁹⁵ In fact, after 76 years of post-war proceedings, no evidence indicates that any euthanasia staff were ever incarcerated, shot, or penalised for not following orders to kill.⁹⁶ However, the fear expressed by these nurses indicates a highly coercive environment at Obrawalde hospital, where fear may have been sufficient enough to secure several nurses' voluntary participation in killing patients.

Economic Factors, Opportunity/Careerism

Margarete Maria M (accused of killing three patients):⁹⁷

“I might have lost my job if I did not follow her orders. At that time, I had to take care of my grandparents because of my mother had died in 1942 so I was the only one to take care of them. After my son was born, I tried several times to

⁹¹ McFarland-Icke, 1997.

⁹² McFarland-Icke, 1997.

⁹³ McFarland-Icke, 1997.

⁹⁴ McFarland-Icke, 1997.

⁹⁵ McFarland-Icke, 1997.

⁹⁶ O'Donnell et al., 2009.

⁹⁷ Quote in Benedict and Shields, “Meseritz-Obrawalde: a site for “Wild Euthanasia” 2014, 143.

change my job and leave Obrawalde but they offered me half-time work and I would have otherwise lost my benefits as a civil servant”.

Margarete Maria M. demonstrated more banal factors that influenced many nurses to participate in the killing of patients. These banal reasons need to be considered within the socio-economic situation nurses faced during the Second World War when the economy was declining, unemployment was high,⁹⁸ and nursing represented one of relatively few easily accessible jobs for women.⁹⁹ Martha Moll and Anna G. were both the sole financial providers for their poor families and depended on keeping their job. It has been documented that euthanasia staff had the opportunity to gain financial bonuses if they accepted or participated in the task of killing.¹⁰⁰ For instance, at the paediatric unit of Haar, nurses could earn an additional 25 Reichsmark per month (about 80 U.S. dollars).¹⁰¹ Valuable possessions, such as gold teeth, were also taken by staff from the patients, and capitalised for personal profit.¹⁰² Thus, it seems as though banal reasons were more significant to explain the nurses’ participation than what many of the nurses indicated in their testimonies.

To summarise, situational and ideological factors were examined, from a multi-level approach (macro-, meso-, and micro), to analyse what influenced the nurses’ participation. It demonstrated that nurses adapted to the extraordinary situation of having to kill through an ideological lens. However, ideology in this case was not limited to indicators of political party membership and belief in eugenics, but it also intersected with self-interest and the culture of obedience, duty and fear at Obrawalde hospital. In this way, the nurses willingly and with intent, killed patients under their professional care. Thus, in disagreement with the 1965 West German Court’s verdict and justification, the Obrawalde nurses should have been understood as seemingly ‘ordinary’ nurses who turned into perpetrators of crimes against humanity and should have been prosecuted accordingly.

⁹⁸ O’Donnell et al., 2009.

⁹⁹ Amy Liane Zroka, “Serving the Volksgemeinschaft: German Red Cross Nurses in the Second World War.” (PhD thesis, University of California, 2015).

¹⁰⁰ Burleigh, 1994, 102 cited in Benedict and Kuhla, 1999, 250.

¹⁰¹ Burleigh, 1994, 102 cited in Benedict and Kuhla, 1999, 250.

¹⁰² De Mildt, 1996, 179; Henry Friedlander, “The Exclusion and Murder of the Disabled” in *Social Outsiders in Nazi Germany* (eds.) Robert Gellately and Natham Stoltzfus (Princeton: Princeton University Press, 2001).

Techniques Of Neutralisation: Killing as Part of a Twisted Form of Care¹⁰³

Based on the belief that criminology and the Holocaust literature can and should enrich each other, the following part applies an extended version of the “classic techniques” of neutralisation to the study on the Obrawalde nurses as a group of perpetrators. The techniques of neutralisation are manifestations of the ideological and situational factors already discussed. Alvarez explains that the techniques allow us to examine the process where “the opposing forces (beliefs versus behaviour) are reconciled”.¹⁰⁴ Thus, the focus of this part is not solely on the perpetrators but also on the process of perpetration. By examining what mechanisms were used to overcome pre-existing values and internal struggles, and which ones were more frequent, it will enable us to better understand how and why so many nurses expressed a lack of guilt for their actions.

Findings

Denial of responsibility represents the second most frequently used technique by the nurses.¹⁰⁵ Denial of responsibility is a broad and often overlapping technique used to refuse or minimise accountability or blame for one’s actions by justifying the actions were beyond their control.¹⁰⁶ Kaptein and Van Helvoort refer to the technique as “blaming the circumstances”.¹⁰⁷ Six nurses were able to undermine their internal conflicts by blaming the external circumstances of a culture of obedience to authority. Nurses as a group of professionals were at the lower end of the hierarchy at Obrawalde and were thus given what sociologist Everett Hughes termed the ‘dirty work’,¹⁰⁸ which in this case included killing. The killings were done in groups of two or more, signifying the importance of group dynamics to remove individual responsibility.¹⁰⁹ The strict

¹⁰³ See Figure 2 in Appendix for summary of the specific technique of neutralisation, occurrence, and example quotation.

¹⁰⁴ Alexander Alvarez, “Adjusting to Genocide: The Techniques of Neutralization and the Holocaust”. *Social Science History* 21, no. 2 (1997).

¹⁰⁵ See appendix, figure 2 for complete overview.

¹⁰⁶ Alvarez, 1997.

¹⁰⁷ Muel Kaptein and Martien van Helvoort “A Model of Neutralization Techniques”, *Deviant Behavior* 40, no. 10 (2019).

¹⁰⁸ Everett C. Hughes, “Good People and Dirty Work”, *Social Problems* 10, no. 1 (1962).

¹⁰⁹ Alvarez, 1997.

hierarchy enabled the nurses to willingly accept the 'dirty work' by conforming to group mentality and pressure from supervisors. The word 'willingly' is used here to emphasise the point already made that conformity was not only driven by struggles but also by opportunity and reward. Anna G. revealed that the nurses were carefully selected for the 'dirty work', explaining that young nurses were rarely chosen as they "couldn't be able to keep their mouths shut".¹¹⁰ In this situation, a selected group of nurses were taught genocidal behaviour through strict group conformity and routinisation,¹¹¹ making it easier for the nurses to separate their deviant behaviour from their individual self-respect. This technique demonstrates a broader point that genocidal behaviour is far easier to accept when no one feels responsible.

The lack of personal responsibility due to external circumstances resonates with a less frequent, yet important technique: appeal to higher loyalties. It is founded on a feeling of sacrifice between choosing one's own beliefs or favouring the larger society.¹¹² The nurses' loyalty varied between the Führer's orders, their job as nurses, belief in a law, and family commitment. The norm of patriotism as a form of appeal to higher loyalties technique was frequently used to justify killing as a patriotic sacrifice, reflecting language and motives similar to the state-led propaganda. The quotation example for the denial of responsibility technique,¹¹³ supports this claim as the nurse makes a rather heroic comparison between "soldiers at war" and nurses as "soldiers of biology", both doing the necessary means to a greater end. While some believed they 'sacrificed' themselves in the name of patriotism, five nurses expressed a feeling of a total sacrifice or loss by applying the victimisation technique. Nurse Martha Elisabeth G. stated that she was the victim being a "slave" at the "mercy" of the wider circumstances, thus expressed no guilt towards her victims.

The lack of guilt is also an important component in the denial of injury technique which reasons that one's actions neither intended to nor directly harmed anyone.¹¹⁴ McFarkland-Icke raised the point that some of the nurses might have been ignorant

¹¹⁰ Benedict and Kuhla, 1999, 253.

¹¹¹ Alvarez, 1997.

¹¹² Bryant et al., 2018. This further explains that this technique is applied to break the link between the act itself and its consequences.

¹¹³ See appendix, figure 2.

¹¹⁴ Bryant et al., 2018.

about the killing in the beginning, but with time, likely became suspicious;¹¹⁵ plausibly due to the high mortality rate or the overdoses of morphine injected into the patients. If not witnessed first-hand, the rumours about the killings which circulated in the Meseritz community by staff members and even patients undoubtedly challenged their ignorance. One explanation is that the moral suppression of guilt was encouraged by superiors, as was seen through the promise of taking full responsibility for the killings. Thus demonstrating that the denial of injury technique is often facilitated by an entire institutional practice and culture.¹¹⁶ Moreover, it did not help that the church, as an institution of power, followed by many religious Obrawalde nurses, did not vocalise a collective resistance or manage to stop the killings.¹¹⁷ Some literature depicts the role of the church as having had a vital role in ending the first phase of euthanasia, whilst other scholars have pointed out that, although the churches in general responded with concern about the euthanasia practice, their actions were relatively ineffective for ending the first phase of euthanasia. The scholars further state that the churches' guidance and leadership in relation to eugenic ideas and practices were both unclear and varied.¹¹⁸

The denial of injury technique shares close links with the denial of humanity technique, demonstrated by Anna G.'s statement which reflects a twisted granting of humanity where death was considered the lesser evil as opposed to letting disabled people live an "unworthy life". The denial of humanity represents the most frequently used technique by the nurses. As stated by Alvarez, such techniques facilitate atrocities by depriving the victims of their identities and self-worth, thus overcoming socialisation which supports the belief in a shared humanity.¹¹⁹ In agreement with Michael Mann,¹²⁰ dehumanisation is a complex phenomenon that should be critically applied to explain genocidal behaviour. By looking critically at this case, it seems like the patients were recognised as having a sense of 'self', indicated by the nurses' language of addressing

¹¹⁵ McFarkland-Icke, 1997.

¹¹⁶ Kjell Anderson, "Who Was I to Stop the Killing?: Moral Neutralization Among Perpetrators of Genocide", *Journal of Perpetrator Research* 1, no.1 (2017): 39–63.

¹¹⁷ Hoskins, 2005.

¹¹⁸ Hoskins, 2005; Michael Burleigh, "The Churches, Eugenics and Nazi Euthanasia" in *Ethics and Extermination: Reflections on Nazi Genocide* (Cambridge: Cambridge University Press, 1997b): 130-141.

¹¹⁹ Alvarez, 1997.

¹²⁰ Michael Mann, "Processes of murderous cleansing/genocide: comment on Hagan and Kaiser", *The British Journal of Sociology* 62, no. 1 (2011): 42-48.

them as “she/he” or “old woman”. Thus, displaying a gradation in the “denial of humanity” because, whilst disabled patients were treated as ‘other’, they still had a human element.

The denial of humanity was the most frequently used technique by the nurses. It is a technique largely influenced by state-led propaganda. At Obrawalde hospital, state propaganda played a fundamental role in the process of creating the genocidal language used to legitimise the perpetration. For instance, Friedlander looked at the way euthanasia was labelled “mercy deaths”, a euphemism hidden behind scientific and technical terms used to disguise the murders.¹²¹ To this degree, medical killings were justified by the nurses as a form of “salvation” done to “release” the patients “unworthy of living”.¹²² It can even be argued that Obrawalde hospital functioned on euphemism because, from the outside, it appeared to be a normal psychiatric hospital, but behind the façade, genocidal crime took place. Euphemism assisted the nurses to feel a lack of moral responsibility towards patients, enhanced by so-called “ceremonies of degradation”.¹²³ These could have been produced through the poor living conditions at Obrawalde and the appearance of the patients as for instance emaciated or naked.

The appeals to good character technique was used by four nurses, and is a technique broadly defined as deeds applied to prove the defendant’s incapability to kill.¹²⁴ However, in this specific case the definition is not fully accurate, because good deeds also involved killing as a form of “salvation” or “mercy”. Other expressions of good deeds include the belief in saving the lives of their favourite patients, in addition to caring for patients while they were still alive. To be able to fully comprehend the three justifications for good deeds it is helpful to link them to another technique called denial of victim. Whilst the denial of victim poses as a technique rarely found in the trial statements available, it is still an important facilitator of genocide. Disabled people alongside other groups of victims of the Third Reich were fundamentally scapegoats for the country’s loss of the First World War as well the country’s shame and economic collapse.¹²⁵ The Nazi state encouraged the German people to consider disabled

¹²¹ Friedlander, 1995.

¹²² Friedlander, 1995.

¹²³ Alvarez, 1997.

¹²⁴ Bryant et al., 2018.

¹²⁵ Alvarez, 1997.

people as an economic cost that, if kept alive, would steal money that should be invested into feeding soldiers at war.¹²⁶ In this way, the denial of victim enabled an understanding of the disabled not as victims, but as victimising themselves, which assisted the nurses to justify the killings.

The two less frequently used techniques were condemning the condemners and the denial of victim. Both are essentially about shifting the blame to someone other than themselves, but the difference is that the former technique allows someone to shift blame onto their accusers,¹²⁷ while the latter technique is about asserting that the victim caused their own victimisation and therefore deserved whatever that happened to them.¹²⁸ The exact reason as to why some techniques were used more than others will remain a mystery, in the sense that we will never truly know what the nurses thought. This relates to the major weakness of the theory: that there is no empirical evidence to support that these techniques operated post hoc or ex ante. However, in this case, the techniques of neutralisation have helped to demystify the 'patterns of thought' of an understudied group of perpetrators, and specific explanatory styles the nurses used to defend themselves when accused of killing or participating in killing. One nurse committed suicide, possibly indicating that she did not manage to neutralise her internal conflicts. Even though the trial took place two decades after the war ended, the majority of the nurses expressed a lack of guilt and responsibility for their actions, which can be better understood by the two most frequently applied neutralisation techniques: the denial of humanity and denial of responsibility.

Conclusion

Applying criminology to the Holocaust literature has showcased that there is a mutual enrichment between them to advance past, present and future research. In this case, it has led to an increased familiarisation of the nurses as a group of perpetrators, based on two main findings. First, in disagreement with the 1965 Court's verdict and justification, it has been argued that the Obrawalde nurses turned into perpetrators of crimes against humanity by reading the situation of having to kill patients through an

¹²⁶ Hoskins, 2005.

¹²⁷ Bryant et al., 2018,

¹²⁸ Alvarez, 1997, 162-163.

ideological lens. However, ideology is not limited to indications of political party membership or adherence to eugenics, but in this case it can be understood to intersect with self-interest, and the culture of obedience, duty and fear at Obrawalde hospital. Second, by applying an extension of the “classic techniques” to study genocide, this research found the nurses’ lack of guilt and responsibility for their actions to be mainly rooted in the two most frequently applied neutralisation techniques: the denial of humanity and denial of responsibility. While we will never truly know what these nurses thought before, during and after the 1965 trial, this article has attempted to make better sense of what has been understood as a group of seemingly ‘ordinary’ nurses who gained an extraordinary power to kill as part of a twisted form of care during the second euthanasia phase. More broadly, the mutual enrichment between criminology and the Holocaust literature is of contemporary and future importance as it can advance our understanding of atrocity crime and its perpetrators, with the aim of learning from the past and preventing such situations from being repeated in the future.

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Appendix:

Figure 1: Percentage of nurses in the different official organisations in 1939

Organization	Membership	% of total nurses
Reichsbund	21,459	14.96
NS nurses	10,880	7.59
Red Cross Nurses	14,595	10.17
Catholic Nurses (<i>Caritasverband</i>)	50,000	34.86
Protestant Nurses (<i>Diakoniegemeinschaft</i>)	46,500	32.42
Total	143,434	100%

Note: Granted re-usage by Nomos Publisher of this figure in: Alison J. O'Donnell, Susan Benedict, Jochen Kuhla and Linda Shields, "Nursing during National Socialism: Complicity in terror, and heroism" in *Torture: Moral absolutes and ambiguities* (eds.) Bev Clucas, Gerry Johnstone and Tony Ward (Germany: Nomos, 2019), P. 159.

Figure 2: Summarising the specific technique of neutralisation, occurrence, and example quotation

Technique	Speakers (N)	Occurrence (N)	One Example Quotation
Denial of Humanity	10	8	Quotation NAG: “Like I already told you, our procedure depended on the condition of the patients. Old women, for example, who had to be fed couldn’t drink on their own, so it wasn’t possible to give them the medicine by the spoonful. They were not to be tortured more than necessary, and I thought it would be better to give them an injection. In this connection, I would like to say that, like me, Luise Erdmann, Margarete Ratajczak, T. and Erna E. thought that the patients were not to be tortured more than necessary” (Quote in Benedict and Kuhla, 1999: 254).
Denial of Responsibility	6	7	Quotation NMRT: “It never occurred to me not to follow orders given to us. Just as the soldiers of the front had to do their duty, so did we. To absolutely follow orders given by an attending physician is one of the most important duties of a caregiver” (Quote in Benedict and Shields, 2014: 138).

The Victimization Technique	5	6	Quotation NMEG: “At that time, nobody would have helped us at Obrowalde if we had refused to do the work, and there wasn’t anybody to pour out one’s heart to and who we could trust. As a sort of slaves, we were completely at the mercy of the rulers and their political line” (Quote in Benedict and Kuhla, 1999: 257).
Appeals to Good Character	3	5	Quotation NAG: “I did not experience it one single time that a patient took such a large quantity of dissolved medicine voluntarily. ... On giving the dissolved medicine, I proceeded with a lot of compassion. I told the patient that they would only have to take a cure. Of course I only could tell these fairy tales to those patients who were still in their right minds ... I took them in my arms lovingly and stroked them when I gave the medicine ...” (Quote in Benedict, Caplan and Page, 2007: 787).
Denial of Injury	4	5	Quotation NEB: “I saw no connection between transferring a patient to a different room and killing them. I myself had absolutely no motive and no intention to transport any of our patients from life into death. I do not remember having been asked by

			anyone to keep events in Obrowalde absolutely secret. But I do remember how physicians and others stressed not to talk much about working conditions” (Quote in Benedict and Shields, 2014: 142).
Appeal to Higher Loyalties	4	4	Quotation NBH2: “I think in Haus 8 the killing started during the summer or fall of 1943. At about this time, Dr Wernicke and Amanda Ratajczak made rounds at Haus 8 and I went with them. At this time, Dr Wernicke proceeded to tell us that there were orders from the Führer telling us that all hopelessly ill patients had to be eliminated. To follow up with these Fuhrer’s orders, were to prepare the smaller room with only six beds for such purposes” (Quote in Benedict and Shields, 2014: 140).
Denial of Victim	1	1	NAG2: While working in Haus 3 at the potato cellar, one patient saw two other patients being brought to the small “special room” and said “Oh, my, you dear ones, what will happen to all of us?” Anna responded; “Don’t worry, you are so hard-working that nothing will happen to you” (Quote in Benedict and Shields, 2014: 133).
Condemning the Condemners	1	1	Quotation NMMM2: “I took the profession of caregiving to help these poor people. There also was a

			<p>talk about a law that gave orders to kill patients. If it was not right to do it, how come no public prosecution was intervening? How come public health (officials) did not react?" (Quote in Benedict and Shields, 2014: 143).</p>
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