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978-0-521-19539-3 - The Politics of Fertility in Twentieth-Century Berlin

Annette F. Timm

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Introduction

Birth Rates, Ideology, and Sexual Duties

In 1921, the German Reich Insurance Agency published an educational pamphlet about the dangers of venereal diseases entitled *Der Feind im Haus* (The Enemy in the House). This pamphlet was republished several times during the Weimar Republic, and its message was representative of a specific attitude toward sexual behavior that gained ground after World War I (WWI) and helped inspire national and local health and welfare policies well into the second half of the twentieth century. Two particularly evocative passages are worth quoting at length, because they nicely encapsulate the themes of this book:

A terrible enemy is carrying out works of destruction against our national strength and numbers [*Volkskraft und -zahl*]. After the dreadful losses of the war and its aftermath, we need every person to contribute to the reconstruction, and we require his full health and power. In the long term, we cannot sustain the yearly loss of one half to one million people that venereal diseases inflict upon us. Those ill with venereal diseases, those who become infirm before their time with painful abdominal ailments and paralyses, those afflicted with inflammations that disfigure and eat away at vitality or who lose hearing and sight, in short all those whose health and labor power have been forfeited, who on top of all this are like dead branches, because they can leave behind no or at least no robust children, represent a burden for the Volk.

[...] It must generally be vigorously emphasized that it is a serious sin against the individual and the Volk when one allows the casualness and debauchery [*Lässigkeit und Liederlichkeit*] that has seeped into sexual matters to continue to exist or when one even allows it to proliferate. [...] Casualness and dissolution arise for the most part from weakness in the face of sensual drives. To be strong is our duty as much as it is our right. If we want to escape our current plight, the difficult time that we are experiencing must bring about a strengthening of our ethical will and lead to a general recognition of the German-Christian ideal that recognizes marriage as the precondition for sexual gratification and that generally condemns all impure sexual intercourse.¹

¹ Fr. Lembke (ed.), *Der Feind im Hause. Im Auftrage des Deutschen Vereins für ländliche Wohlfahrts- und Heimatpflege und der Deutschen Gesellschaft zur Bekämpfung der Geschlechtskrankheiten*, 9th rev. ed. (Berlin: Deutsche Landbuchhandlung G.m.b.H., 1927), 3, 15. Copied in Bundesarchiv Berlin (hereafter BAB) R1501/118880/Bl. 151 and 157.

It is notable that sexual behavior is described here in terms of national duty rather than in terms of sin. Although sin is mentioned, the pamphlet places stress on Christian forgiveness and asks readers to think first and foremost about their duty to seek proper treatment and to protect their families and the nation from fertility-destroying diseases. The pamphlet connects aggregate population rates, general health concerns, and individual civic duty to maintain proper sexual comportment, which takes on massive political significance.

This book will demonstrate that the personal/sexual had been political long before the phrase became current in the 1960s, and discussions about the appropriate balance between private sexual decisions and the public interest were central to the consolidation of the German welfare state.² Although the primary impetus for this pre-sexual revolution process of politicization of the sexual was a nationalistic concern with falling birth rates, the process was dialogic – it involved a dynamic interaction between political impulses from above and the actions and desires of citizens below. Most importantly, its outcomes were far more ambivalent in terms of individual freedoms than the 1960s radicals or our own contemporaries who are calling for a new form of “sexual citizenship” might admit.³ Indeed, this exploration of marriage counseling and venereal disease control measures in twentieth-century Berlin will make a case that politicizing sex, individual sexual desire, and reproductive choice created both new forms of access to health and welfare services *and* new limitations on personal expression and self-definition. Rather than simply a process of social control (the colonization of the private sphere by ideologically motivated regimes) these discussions about the national importance of individual sexual decisions created new forms of subjectivity – new forms of interaction between individual desires, hopes and needs, and the demands of an increasingly bureaucratized and medicalized state.⁴ Beginning with the period immediately after WWI, I will explore how politicizing sex had ambivalent effects on personal freedom of expression and on the material well-being of individual Berliners. Local and federal policy makers repeatedly expressed the conviction that individual sexual and reproductive decisions were political because they were critical to the future of the nation. Focusing on marriage counseling and venereal disease control, I explore the

² This fact is still often obscured in accounts of the “welfare state” that focus solely on insurance and pension benefits. See, for example, E. P. Hennock, *The Origin of the Welfare State in England and Germany, 1850–1914: Social Policies Compared* (Cambridge: Cambridge University Press, 2007).

³ For a definition of “sexual citizenship” see Jeffrey Weeks, “The Sexual Citizen,” *Theory, Culture and Society* 15, no. 3–4 (1998): 35–52. I will return to this subject below.

⁴ This was a process that was not unique to Germany. For a general argument about this process in Europe that mostly relies on the British case, see: Nikolas Rose, “Beyond the Public/Private Division: Law, Power and the Family,” *Journal of Law and Society* 14, no. 1 (1987): 61–76. Patricia R. Stokes has also emphasized that despite tendencies toward social discipline, reproductive health policies provided space for ordinary citizens to influence social change. See Patricia R. Stokes, “Contested Conceptions: Experiences and Discourses of Pregnancy and Childbirth in Germany, 1914–1933,” (Ph.D. dissertation, Cornell University, 2003).

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policies that sought to directly influence the reproductive and sexual decisions of individual German citizens in the twentieth century. These two areas of health policy both reflected and helped to instill a notion of sexual duty in the German population, particularly up to the end of World War II but persisting in some forms into the post-war period. In return for a growing network of health and welfare services, German citizens were repeatedly told that their sexual decisions had to be made with a sense of national duty in mind – that avoiding fertility-threatening diseases and having large families within marriage was one of their most fundamental contributions to the health and survival of the German state. The tone of the propaganda message about sexual duties and the degree of state involvement in private lives changed under the specific political regimes of the twentieth century. The discourse on fertility – what I call the “politics of fertility” – gained momentum from the German defeat in WWI, was racialized and radicalized under the Nazis, and lingered on in modified and somewhat different forms in the two post-World War II (WWII) German regimes. But its dictates were never simply imposed from above. The politics of fertility provided not only a justification for state intervention into sexual and reproductive choice but also a language for citizens to articulate their own desires to control fertility and to gain access to expert medical services and advice.

On the surface, this book is an exploration of the formulation and implementation of public policy in local health clinics in Berlin. But as generations of historians and social scientists have demonstrated, public policy – particularly health policy – is always fraught with ideological debate and implied or explicit social prejudice; it is, in other words, a locus of struggle over the norms and values of any given society. As historians of biopolitics have long argued, this normative/ideological dimension of the social history of health is magnified when we are speaking of policies with implications for human sexual behavior and gender relations. So while the focus here will be on events in Berlin, the larger questions that this study seeks to answer are of national significance. I will explain why Germans in the twentieth century were so convinced that a declining birth rate spelled national disaster, how this belief found proponents across the political spectrum, and how it influenced reproductive and sexual health care policies as well as the decisions of ordinary citizens. This endeavor requires a broad cultural approach that views politics as a debate between unequal partners in the whole of society. While Foucauldian notions of biopolitics and the disciplinary effects of medical discourses on sexual behaviour provide important insights for understanding these debates,⁵ this account places emphasis on the symbiotic creation of norms of citizenship and the importance of the local context for solidifying feelings of belonging. Not only politicians, but also members of civil society and even ordinary citizens played a role in discussions about fertility decline in twentieth-century

⁵ See, in particular, Michel Foucault, *History of Sexuality*. Reissue edition. Vol. 1: An Introduction (New York: Vintage Books, 1990).

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Germany.⁶ Historians have long been inclined to focus their attention only on the most verbal (and published) of the participants in policy debates. But I will contend that the broader population – the citizens who were on the receiving end of public policies – can also be heard as historical actors if we understand their reactions to policy as statements. Since in all but the most coercive of circumstances the successful implementation of efforts to influence reproductive behavior is only possible if individuals view these measures as personally beneficial, citizens' reaction to political measures regarding population tells us something about the society as a whole, its values, preoccupations, and goals.

How individuals make decisions about the number of children to have, with whom, and under what circumstances they have sex would appear to be the most private of all spheres of life. But these are precisely the areas that German health and welfare policy makers prioritized for expanded government involvement after WWI. This area of human behavior became an obsession in the Third Reich under the guise of racial policy, and it did not entirely fade away when Nazi racial laws were abrogated by Allied fiat in 1945. The first half of this book traces how specific policies in the early twentieth century sought to transform perceptions about the boundary between private and public life. Efforts to control venereal disease and to counsel citizens on the purpose of marriage were conscious attempts to translate abstract demographic statistics into language and rewards that would direct individual decision making in the private sphere. These areas of health and welfare policy were the public, practical face of the abstract idea of population policy – *Bevölkerungspolitik* – the effort to increase the birth rate. After WWII, the word *Bevölkerungspolitik* became taboo in the West due to its association with Nazi racial policy, though rhetorical links between individual sexual and reproductive choices and definitions of citizenship remained common in both West and East Germany into the Cold War. But by the 1960s, the nature of publicity about sex and reproduction underwent massive transformations, and the rhetoric of sexual duty to the nation lost its resonance. I will argue that the claims of sexual revolutionaries to have made the personal political for the first time have done more to obscure than to explain how this change came about.

Many specific aspects of population policy in twentieth-century Germany have been explored in some detail, and this book rests on a large body of scholarship on the history of eugenics, women's history, the history of racial policy, and policies toward sexual minorities. But the focus has generally been on how sexist, nationalist, and racist ideologies curtailed rights, particularly for minorities, or on how a rationalization and medicalization of reproduction

⁶ I am relying on an expansive definition of civil society that includes both state and nonstate political actors. Jeffrey C. Alexander has provided a useful corrective to the twentieth-century tendency to think of civil society only in economic terms. See Jeffrey C. Alexander, *The Civil Sphere* (New York: Oxford University Press, 2006), esp. 23–36.

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intervened into the sacrosanct private sphere. My focus will instead be on how these same ideologies and practices also solidified notions of belonging and citizenship for those who benefited from health and welfare policies. To explain this process, it is first necessary to define population policy for early twentieth-century Germany.

DEFINING *BEVÖLKERUNGSPOLITIK*: POPULATION POLICY

The word *Bevölkerungspolitik* (population policy) is today often used to describe only specific demographic measures, such as tax incentives for large families or, in historical writing, the Nazi quest for *Lebensraum* in the East.⁷ In fact, the word and the concept has a much longer history and a much broader meaning.

Soon after the founding of the German nation in 1871, demographers, social hygienists, and politicians began warning of an impending population collapse.⁸ Having witnessed the dramatic population decline in late nineteenth-century France,⁹ German observers predicted and quickly reacted to the first signs that rapid industrialization was leading citizens to limit family size. Fertility declined by 10 percent in half of the regions of Europe between 1890 and 1920, with the Northwest (France) leading the way. Germany hit the 10 percent decline mark by 1888, a decade before Britain, the Netherlands, Scandinavia, and Italy and two decades before Russia.¹⁰ Rather than interpreting

⁷ The latter use of the word has become especially common following the influence of Götz Aly and his various coauthors. Aly uses *Bevölkerungspolitik* solely to describe Nazi plans for conquering territory in the East, obscuring the fact that policies under this heading were also crucially concerned with welfare measures on German soil. See in particular: Götz Aly and Susanne Heim, *Vordenker Der Vernichtung. Auschwitz und die deutschen Pläne für eine neue Europäische Ordnung* (Hamburg: Hoffmann und Campe, 1991); and Götz Aly, *“Final Solution”: Nazi Population Policy and the Murder of the European Jews* (New York and Cambridge: Oxford University Press, 1999). Other controversial aspects of Aly’s arguments will be discussed below.

⁸ Fears of population decline had already surfaced in the mid-1760s and 1770s and were most famously expressed by Johann Peter Süssmilch, King Frederick II’s chaplain and now often hailed as the father of German demography. See Maria Sophia Quine, *Population Politics in Twentieth-Century Europe* (London and New York, 1996), 52–88.

⁹ For overviews, see *ibid.* and Karen Offen, “Depopulation, Nationalism, and Feminism in Fin-de-Siècle France,” *American Historical Review* 89, no. 3 (1984): 648–76.

¹⁰ John R. Gillis, Louise Tilly, and David Levine, “Introduction: The Quiet Revolution,” in *The European Experience of Declining Fertility, 1850–1970: The Quiet Revolution* (Cambridge, MA: Blackwell, 1992), 1. The precise reasons for the decline are discussed in this and many other volumes (see, for instance, the output of Princeton University’s European Fertility Project) and are outside the scope of this book. (See, for example, John Knodel, *The Decline of Fertility in Germany, 1871–1939* [Princeton: Princeton University Press, 1974]). For a discussion of methodological issues, see Simon Szreter, Robert A. Nye, and Frans van Poppel, “Introduction: Fertility and Contraception During the Demographic Transition: Qualitative and Quantitative Approaches,” *Journal of Interdisciplinary History* 34, no. 2 (2003): 141–54. I am interested here in exploring the reactions to the decline rather than explaining its causes.

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declining birth rates as an inevitable consequence of industrialization, as we would, contemporaries read the demographic signs as an obvious indication of moral decline, national weakness, and racial degeneration. Already before the Franco-Prussian War of 1870–1871, Prussian medical authorities had polled health officials throughout the country and reached a consensus that moral decline, social ambition, and material greed – not economic distress or the adjustment to industrialization – were the primary causes for the falling birth rate.¹¹ Although not unique to Germany, the shift in demographic patterns gained particular political valence there, partly because it was feared and anticipated before it happened, partly because processes of industrialization and urbanization were particularly rapid, and partly because medicine as a whole, certain medical subspecialties, and the actual delivery of health care were particularly advanced. Many of the most important public health innovations (such as Robert Koch’s discovery of the tuberculosis bacillus in 1882 and his proof of the contagious nature of cholera in 1884) had been achieved in Germany, and by the late nineteenth century, the prestige of doctors and medical researchers was immense.¹² In 1883, the German *Reichstag* passed legislation to create the world’s first national health insurance program in the form of a sickness insurance plan for workers.¹³ This Bismarckian policy greatly expanded the scope of medical involvement in society, heightening the inclination to find scientific/medical weapons to fight social pathologies.¹⁴

The growing popularity of Social Darwinian ideas provided further impetus to state intervention into public health. Before WWI, Houston Stewart Chamberlain and Ernst Haeckel published widely read popular accounts of Darwinian thought that emphasized the need for German society to strengthen its racial health if it was to survive in the international struggle.¹⁵ Social

¹¹ Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism, 1870–1945* (Cambridge: Cambridge University Press, 1989), 263, 270–80.

¹² For an example of how this prestige affected internal city politics and decisions about public health projects, see Richard Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830–1910* (Oxford and New York: Oxford University Press, 1987).

¹³ Accident insurance followed in 1884, invalid and old-age insurance in 1911 (by which time 67% of the population was covered by one form or the other). Each branch of the three types of insurance was separately administered through regionally organized employee/employer boards. In 1927, unemployment insurance was also available. For more precise statistics, see Greg A. Eghigian, “Bureaucracy and Affliction: The World of German Social Insurance and the Birth of the Social State, 1884–1929” (Ph.D. dissertation, University of Chicago, 1993), 7–9.

¹⁴ Donald W. Light, “State, Profession, and Political Values,” in Donald W. Light and Alexander Schuller (eds.), *Political Values and Health Care: The German Experience*, (Cambridge, MA, and London: MIT Press, 1986), 3.

¹⁵ For a wonderful summary of how Social Darwinism has been employed by historians, see Richard J. Evans, “In Search of German Social Darwinism: The History and Historiography of a Concept,” in Manfred Berg and Geoffrey Cocks (eds.), *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany* (Washington D.C. and Cambridge: German Historical Institute and Cambridge University Press, 1997), 55–80.

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Darwinian rhetoric became ubiquitous across a wide political spectrum that included right-wing elitist thinkers like Alfred Plötz and radical socialist feminists like Helene Stöcker. But there was considerable debate about how evolutionary or Social Darwinian ideas should actually be translated into health and welfare policy, and there was no consensus about how they should influence the ethical standards of patient care.¹⁶ Within the context of the professionalization and specialization of the medical discipline and the competition for the prestige associated with founding new university chairs or governmental agencies, professors of medicine fought for control over the definitions of what was first known as “medical police,” or *Staatsarzneikunde*, and what later came to be called social medicine, public health (*Öffentliche Gesundheitspflege*), and social hygiene.¹⁷ The result was a proliferation of new medical and social scientific specialties, such as social hygiene, social pathology, social medicine, and demography. These various population experts aimed their attentions at the population as a whole, and together they vastly increased the prominence of population management ideas within discussions about reforming state welfare. Experts in these fields pointed out disturbing trends in the overall vitality and health of the German population: Not only were birth rates declining, it was said, but chronic social diseases (*Volkskrankheiten*) such as alcoholism, tuberculosis, and venereal disease were threatening the genetic stock of future generations. Given the complex social dynamics of these diseases, the problem was attacked not only from a medical perspective, but also with a view to transforming individual behavior. Calls to reverse what was perceived to be both a physical and a moral degeneration of the German population proliferated in academic journals, party-political platforms, and in the literature of the growing number of voluntary associations dedicated to social reform

¹⁶ See Evans, *Death in Hamburg*.

¹⁷ On medical professionalization in Germany, see Charles E. McClelland, *The German Experience of Professionalization: Modern Learned Professions and their Organizations from the Early Nineteenth Century to the Hitler Era* (Cambridge: Cambridge University Press, 1991); Charles E. McClelland, “Modern German Doctors: A Failure of Professionalization?,” in Manfred Berg and Geoffrey Cocks (eds.), *Medicine and Modernity: Public Health and Medical Care in Nineteenth- and Twentieth-Century Germany* (Washington D.C. and Cambridge, 1997), 81–98; Claudia Huerkamp, *Der Aufstieg der Ärzte im 19. Jahrhundert: Vom gelehrten Stand zum professionellen Experten – Das Beispiel Preußens* (Göttingen: Vandenhoeck & Ruprecht, 1985); Huerkamp, “Ärzte und Professionalisierung in Deutschland: Überlegungen zum Wandel des Arztberufs im 19. Jahrhundert,” *Geschichte und Gesellschaft* 3 (1980): 349–82; Michael Hubenstorf, “Von der ‘freien Arztwahl’ zur Reichsärzteordnung – Ärztliche Standespolitik zwischen Liberalismus und Nationalsozialismus,” in Johanna Bleker and Norbert Jachertz (eds.), *Medizin im ‘Dritten Reich’*, 2nd expanded edition (Cologne: Deutscher Ärzte-Verlag, 1993), 43–53; Michael Kater, “Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany,” *Journal of Contemporary History* 20 (1986): 677–701; Reinhard Spree, “The Impact of the Professionalization of Physicians on Social Change in Germany During the Late 19th and Early 20th Centuries,” *Historical Social Research* 15 (1980): 24–39; Deborah Stone, *The Limits of Professional Power: National Health Care in the Federal Republic of Germany* (Chicago and London: University of Chicago Press, 1980).

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of one type or another. The term *Bevölkerungspolitik* described all of these efforts to increase both the quantity and the quality of the population as a whole.

The experience of total war in WWI, the mass destruction, and the loss of millions of young lives followed by a humiliating defeat further fueled arguments that only healthy rates of reproduction could ensure the continued survival of the German nation and a rejuvenation of national strength (*Volkskraft*). In this atmosphere, the new discipline of social hygiene gained particular prominence. Emerging out of earlier approaches to social medicine, social hygiene redefined the doctor's role in society, emphasizing *improvement* and *protection* of the health of the nation alongside curative medicine. Building on the prestige of bacteriological science, social hygiene represented a significant shift away from a laboratory research perspective (emphasizing the control and destruction of bacteria as the key to public health) to a much more socially engaged and economically aware policy of state involvement in class relations and individual choices. Social hygiene rhetoric was full of normative prescription and demands that citizens view their health as an expression of national duty. In the course of the interwar years, eugenics emerged from within social hygienic circles as a related but distinct disciplinary matrix.¹⁸

BEVÖLKERUNGSPOLITIK AS IDEOLOGY

In the early twentieth century, the word *Bevölkerungspolitik* described a much larger complex of policies than the current usage of the word in Germany would suggest. In other words, part of my purpose in this book will be to provide a *Begriffsgeschichte* – a history of the concept of *Bevölkerungspolitik* that reveals how this term (along with others) was used to express a particular understanding about the relationship between individual reproductive decisions and the interests of the state.¹⁹ I will trace significant conceptual slippages in usage over the course of the century. The social and political mechanisms that made it possible for specific actors to instrumentalize *Bevölkerungspolitik*

¹⁸ For detailed accounts of the history of eugenics in Germany, see Peter Weingart, Jürgen Kroll, and Kurt Bayertz, *Rasse, Blut und Gene: Geschichte der Eugenik und Rassenhygiene in Deutschland* (Frankfurt am Main: Suhrkamp, 1988); Klaus Scherer, *Asozial im Dritten Reich: Die Vergessenen Verfolgten* (Münster: Votum Verlag, 1990); Monika Daum and Hans-Ulrich Deppe, *Zwangssterilisation in Frankfurt am Main 1933–1945* (Frankfurt and New York: Campus, 1991); Jürgen Reyer, *Alte Eugenik und Wohlfahrtspflege: Entwertung und Funktionalisierung der Fürsorge vom Ende des 19. Jahrhunderts bis zur Gegenwart* (Freiberg im Breisgau: Lambertus, 1991).

¹⁹ I am relying here on Reinhart Koselleck's definition of *Begriffsgeschichte* in *Futures Past: On the Semantics of Historical Time*, trans. Keith Tribe (New York: Columbia University Press, 2004), 269. See also Reinhart Koselleck (ed.), *Historische Semantik und Begriffsgeschichte* (Stuttgart: Klett-Cotta, 1979); Koselleck, *Begriffsgeschichten* (Frankfurt am Main: Suhrkamp, 2006); Reinhart Koselleck, "Einleitung," in Werner Conze, Otto Brunner and Reinhart Koselleck (eds.), *Geschichtliche Grundbegriffe*. Vol. 1 (Stuttgart: Klett-Cotta, 1972), xiii–xxviii.

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in particular health and welfare policies colored the conversation between these policy makers and the objects of their attention. In the Weimar Republic and the Third Reich, population management measures were carried out by variously trained experts; doctors and demographers joined forces with social welfare experts, geneticists, eugenicists, epidemiologists, midwives, experts on sexually transmitted diseases, psychologists, and marriage counselors on government policy-making committees. Many of these experts called themselves *Bevölkerungspolitiker* – population politicians, to give an awkward, if literal translation. In other words, they understood their varied activities and areas of expertise as part of the same larger project. Archival files in the Ministry of the Interior and local health care administrations are labeled, starkly, *Bevölkerungspolitik*. This usage of the term has all but disappeared in present-day German. Even during the Cold War, the word was generally used as a slur to describe Nazi racial medicine and population management schemes or communist efforts to counteract shrinking birth rates in the German Democratic Republic (GDR) through “socialized” health and welfare programs. In other words, the term is generally used by historians to denote the ideology of a specific regime, usually either communist or National Socialist. This book seeks to demonstrate that *Bevölkerungspolitik* was ideological in a much broader sense. From the beginning to the late twentieth century, it denoted a worldview that encompassed specific beliefs about gender relations, race, nation, and citizenship – beliefs that only began to slowly and unevenly change in the second half of the Cold War. Understanding this process requires us to understand the word “ideology” in a way that encompasses something beyond systems of economic organization or the goals of specific regimes.

I understand twentieth-century *Bevölkerungspolitik* as ideological in the sense that it represented a widely held consensus on norms of human interaction that motivated a vast array of institutional responses to a perceived (not necessarily a real) problem. This implies something a little different and a little more precise than the common-sense definition of ideology that even historians often fall back on. As Karl Mannheim complained in the 1920s, historians and other commentators often react to the word “ideology” as if it can only be used in a Marxist sense or as if it were simply a synonym for “lie.” This use of the word simply describes “particular ideology”; it “denotes that we are sceptical of the ideas and representations advanced by our opponent” and that we see them as “more or less conscious disguises of the real nature of the situation.”²⁰ We consciously or unconsciously appeal to some sense of “scientific” objectivity to determine what the “real nature of the situation” might mean. But it will be more useful for our purposes to understand the historical examination of ideology as a “sociological technique for diagnosing the culture of an epoch.”²¹ Uncovering this “total ideology” will reveal

²⁰ Karl Mannheim, *Ideology and Utopia: An Introduction to the Sociology of Knowledge*, trans. Louis Wirth and Edward Shils (London: Routledge & Kegan Paul, 1936), 55.

²¹ *Ibid.*, 55–6, 91.

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to us “the characteristics and composition of the total structure of the mind of [an] epoch or of [a] group.”²² Despite the fact that any society contains a constantly changing collection of worldviews that compete for attention, a specific, shared conceptual apparatus can become so dominant that its underlying presuppositions remain unquestioned by contemporaries, and sometimes even by later historians, who are not aware of their own biases and who are not conscious of the presuppositions they share with their historical subjects. Only a rupture in this unanimity – a challenge to the total ideology – leads to a questioning of previously fixed categories.²³

Applying Mannheim’s methodology to present-day Germany, we can argue that we are today living in an age in which certain “total ideologies” are being unmasked and certain cherished unanimities are being challenged.²⁴ Twentieth-century *Bevölkerungspolitik* rested on key assumptions about birth rates and sexual choices that are now either almost extinct or are being increasingly challenged. Although convictions about the relationship between demographic and national strength still persist, they are weakening in the face of environmental dangers and a greater awareness of income distribution pressures. Although gendered beliefs that women should focus their attention on motherhood and child rearing have not disappeared, they are by no means uncontested nor universally shared. But perhaps the starkest contrast between the ideological presumptions to be described in this book and current values is that members of the dominant cultures in Western societies no longer self-evidently assume, nor do their governments even pay lip service to the argument, that sex should be confined to reproduction or that reproduction is *primarily* a public act. A conscious appreciation of these changes is the starting point for evaluating the ideological content of twentieth-century German population policy. It is the premise for my argument that a novel collection of policies – the politics of fertility – and a specific understanding of the role that sexual behavior together played a decisive role in the establishment of norms of citizenship. The politics of fertility and prevailing sexual norms combined with new forms of both exclusionary and inclusionary racism to create an extremely durable consensus that individuals should view reproduction as a national duty.

It is this prescriptive nature of *Bevölkerungspolitik*, rather than the fact that its tenets might now be objectionable to us, that preoccupies this book. Although there were certainly objectionable features of twentieth-century German population policy, I am not using the word ideology to argue that one

²² Ibid., 56.

²³ Ibid., 102–3.

²⁴ “It is now quite clear,” Mannheim argued about his own time, “that only in a rapidly and profoundly changing intellectual world could ideas and values, formerly regarded as fixed, have been subjected to a thoroughgoing criticism. In no other situation could men have been alert enough to discover the ideological element in all thinking.” Ibid., 84. See also 64–5 and 96.