Hilde Bruch: Life, Contributions, and Legacy

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“Hilde Bruch: Life, Contributions, and Legacy”

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Hilde Bruch was a German-American researcher and psychologist most revered for her contributions to the study of eating disorders in America. Throughout her eighty years of life, Bruch helped her family escape Nazi Germany, made significant contributions to the study of obesity in children, and pioneered an innovative and rebellious approach to the treatment of anorexia nervosa in patients. The first section of this paper offers a biographical sketch of Bruch, paying special attention to her upbringing, education and life as a researcher in the early-to-mid-twentieth century. The second section of this paper highlights Bruch’s contributions to the study of eating disorders, beginning with her work in childhood obesity and finishing with her seminal work in anorexia nervosa. The third section of this paper places special emphasis on the significance of Bruch’s contributions to the study of eating disorders in America in the late-twentieth century.

Hilde Bruch was born on March 11, 1904 in the town of Dülken, Germany, the third of seven children born to Hirsch and Adele Bruch. Bruch’s father was a successful cattle dealer and her mother was an active member of the Jewish community. Bruch and her six siblings were all educated in a small Jewish elementary school. Before attending college, Bruch went to an all-girls high school.¹

Bruch pursued a higher education in Germany before antisemitism led to her fleeing to the United States in 1934. Initially, Bruch wanted to be a mathematician, but was encouraged to pursue a career in medicine by her uncle who funded her education.² Bruch received her medical degree in 1929 from the Albert Ludwig University of Freiburg, then completed an internship at the Academy of Medicine in Düsseldorf. For Bruch, earning a medical degree as a woman in the

² Ibid.
1920s was an extraordinary feat. Despite the efforts of the feminist movement in the 1920s, women still faced discrimination and remained an underrepresented portion of the medical field.\(^3\) Bruch completed her post-graduate studies in physiology and trained in pediatrics at the University of Leipzig. After a brief stint as a faculty member of the University of Leipzig, Bruch left the academy because of the antisemitic sympathies of her colleagues.\(^4\) On April 11, 1933, an Anti-Jewish Boycott was staged in Germany to deter people from patronizing Jewish-owned business. Nazi Storm Troopers stood outside of Jewish-owned business with signs that read “Don’t Buy From Jews” to intimidate consumers and Jews alike. The campaign only lasted one day, but it marked the beginning of an abhorrent nationwide campaign against the Jews by the Nazis.\(^5\) After the Anti-Jewish Boycott, Bruch fled to London for a year before finally moving to the United States in 1934.\(^6\)

Bruch made her seminal contributions to the study of eating disorders after arriving in the United States. Her first position in America was researching childhood obesity in New York at an endocrinology lab in the Department of Pediatrics at the College of Physicians and Surgeons at Columbia University. In 1941, Bruch moved to Baltimore to receive postgraduate training in psychiatry and psychoanalysis at Johns Hopkins University.\(^7\) Bruch returned to New York in 1954 and opened a private practice specializing in psychoanalysis and accepted a teaching position at Columbia University. In 1964, Bruch accepted a teaching position in psychiatry at

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\(^6\) Freidenreich, “Bruch, Hilde (1904-1984)”.

\(^7\) Yudofsky, “Hilde Bruch, 1904-1984”.

Bruch fought against the status quo as a female physician in America. Most women physicians were placed in public health institutions and discouraged from opening private practices by their male counterparts in the field. Bruch displayed her fierce independence by opening her own private practice in New York. Furthermore, Bruch was working in a field dominated by men and rampant with discrimination. Scholar Rachel Markell Morantz-Sanchez illustrates the climate of women physicians in America during the early-to-mid-twentieth century in her book *Sympathy and Science: Women Physicians in American Medicine*. Sanchez writes:  

“[The] generations of women physicians who came of age after 1930 were trained in a medical world almost totally bereft of female-run institutions, female support systems, or a traditionally female point of view. Young women physicians learned to accept the prevailing values of the profession without wielding any real power within it.”

In 1935, Bruch attempted suicide after grappling with fears for her family in Nazi Germany. Later, she returned to Germany to rescue her family members. She saved her mother and some of her siblings, but most of her family most perished. Bruch never married but did adopt her nephew Herbert who was orphaned by the war. Bruch did these remarkable feats all during her

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8 Freidenreich, “Bruch, Hilde (1904-1984)”.  
childbearing years. Herbert remembers Bruch as a woman with steadfast confidence, impeccable productivity, and unflagging mercy for others.12

Bruch spent the early part of her career as a psychiatrist and researcher focusing on childhood obesity, beginning with her work at Columbia University in the 1950s. Bruch’s most substantial contribution to the study of childhood obesity is her claim that external, developmental, and family life all play a role in the development of childhood obesity, not just pre-existing health conditions.13 In her 1957 book, *The Importance of Overweight*, Bruch suggests that her interest in childhood obesity began during her time in New York, where she was shocked to see so many overweight children in the clinics and on the streets.14 Bruch’s account of how children develop obesity largely stems from the relationship of child and mother – Bruch claims that children develop obesity as a response to a lack of love or attention from their mother.15

Bruch’s work in childhood obesity also sought to reject the racist notions promulgated in German medical texts of the early twentieth century that portrayed overweight Jews as lazy and un-productive. By shifting the narrative of how children come to be obese from one dependent on the child’s productivity to the child’s upbringing, Bruch created a more positive image of overweight Jewish children. Jewish historian Sanders Gilman claims Bruch’s “psychoanalysis provided a non-racial, non-biological answer to what had been a racial and/or biological explanation.”16

15 Gilman, “Obesity, the Jews and Psychoanalysis” pp 63.
16 Gilman, “Obesity, the Jews and Psychoanalysis” pp. 64.
Prior to Bruch’s groundbreaking contributions to the study of anorexia nervosa, the disorder had long gone unrecognized. Anorexia nervosa was first conceptualized as a disorder in the 1870s and at the turn of the century was reconceptualized as “hysterical anorexia.” In the early 1900s, neurologist Jean Martin Charcot suggested that hysterical anorexia was an illness of both “psyche and soma” and considered treating it with hypnotism. Austrian neurologist and father of psychoanalysis Sigmund Freud agreed that the disorder was as much mind as body. However, Freud’s “mind-not-brain” approach was rejected in North America as a possible treatment. Professor William Osler was the first to recognize anorexia nervosa as a distinct disorder, though the disorder still fell under the umbrella of “hysteria.” In 1914, another shift in the classification of anorexia took place – this time as a purely biological disorder of the pituitary gland. Women made up the largest portion of people who suffered from anorexia nervosa. Because women were devalued status in the pre-modern era, treatment options lacked. Prior to the onset of the psychoanalysts in America, women were placed in asylums and received no treatment for their disorders.

There was another shift in the characterization of anorexia nervosa in the 1970s – In 1973, Bruch published her seminal work in the study of anorexia nervosa, *Eating Disorders: Obesity, Anorexia Nervosa and the Person*, and changed the course of the study of anorexia nervosa for decades to come. John Court and Allan Kaplan, both researchers in the history of eating disorders, describe just how extraordinary Bruch’s contributions are as such: “Bruch’s compelling fundamental principles, grounded in her charismatic yet humble humanity, led to a

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18 Ibid.
19 Ibid.
20 Ibid.
21 Ibid.
solidifying of organized medicine’s conceptualization of AN within the field of psychiatry. This consensus was a contrast to notable departures by certain previous modern psychiatric approaches or specific treatments, when illness classifications were removed from psychiatry’s ambit, for lack of a conceptual fit or success in remediation.”

Bruch was one of the first to identify anorexia nervosa as a mental illness instead of an eating disorder. She linked a couple of factors to anorexia nervosa, including body image, early-childhood relationships, the regulation of emotions, and interpersonal relationships. Bruch writes about these factors in her 1988 book, Conversations with Anorexics as “expressions of the deficiency in overall development are manifested by inaccuracy in perception and control of bodily sensations, confusion of emotional states, inaccuracy in language and concept development, and great fear of social disapproval. The relentless pursuit of thinness can be conceived of as an effort to camouflage these underlying problems.”

Bruch’s work in the study of anorexia nervosa also creates a new shift in the physician-patient dynamic: Bruch defends the anorexic instead of belittling them. By recognizing anorexia nervosa as a mental illness that stems from self-development, Bruch developed a system of treating anorexics rooted in psychology and therapy treatment rather than medicine. Since Bruch’s contributions to the study of anorexia nervosa, a slew of new techniques for diagnosing and treating the disorder have emerged, including. Court and Kaplan write: “[Therapies,] clear evidence of brain dysfunction through neuroimaging genetics and other biomedical

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22 Court, John and Allan Kaplan. “The Disjointed Historical Trajectory of Anorexia Nervosa Before 1970.”
advancements, conjointly treated with the new psychotherapies, are offering tremendous new hope [for the diagnosis and treatment of anorexia nervosa.]”25

Bruch’s contributions to the study of childhood obesity and anorexia nervosa pioneered a new and innovative way to diagnose, understand, and treat eating disorders for decades to come. Bruch’s suggestion that these eating disorders are mental illnesses to be treated with psychotherapy rather than medicine led to the development of a more comprehensive treatment plan for sufferers of anorexia nervosa and childhood obesity.

Bruch’s determination to go against the status quo is what led to her findings. Psychologist Finn Skåderud describes her attitude and work as “a demonstration of a willingness to challenge established truths, to experiment and to develop new knowledge and practices.”26 Most importantly, however, was the fact that Bruch’s research and findings on anorexia nervosa brought more attention to the illness than had ever happened before. Researchers and psychologists have been able to prove Bruch’s theories many times since the dawn of her findings in the 70s and 80s.27

Bruch’s colorful life and extensive research in the study of eating disorders changed the discourse of eating disorders for decades to come. During her eighty years of life, she saved her family from Nazi Germany, worked in a number of professor positions in America, created hundreds of publications, and drastically changed the view of eating disorders in the both the eye of medicine and the public.

27 Treasure and Cardi, “Anorexia Nervosa, Theory and Treatment”.

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Bibliography


