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Long-Term Mental Sequelae of Political Imprisonment in East Germany

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This paper presents an assessment of the long-term mental sequelae of prolonged stress due to political persecution and imprisonment in the German Democratic Republic. Fifty-five former political prisoners with enduring psychiatric disorders were examined retrospectively in an exploratory study. The patients' experiences before, during, and after imprisonment were investigated using a semistructured interview. Psychopathological symptoms were assessed on clinical and self-rating scales; diagnostic classification was conducted according to DSM-III-R. The patients had experienced serious trauma, including psychological torture, long-term imprisonment, and solitary confinement. We diagnosed a characteristic syndrome involving symptoms of depression and anxiety with vegetative complaints and increased arousal. In 35 (64%) patients, the symptoms persisted over an extended period without improvement. This syndrome resembles psychiatric disorders found after other forms of political persecution. It may be concluded that prolonged individually experienced political stress situations, even if they are not life-threatening, may have long-term mental sequelae.
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In the past, the long-term mental consequences of prolonged traumatic experiences have been investigated repeatedly in psychiatric research. The first comprehensive empirical studies were conducted in individuals who had been persecuted and had survived the concentration camps during the Nazi era (Eitinger, 1980; Matussek, 1971; von Baeyer et al., 1964). These survivors showed symptoms of chronic depression, anxiety, and neurasthenia as well as impaired interactional behavior. This set of symptoms was then termed the "survivor syndrome." Follow-up studies found long-term effects of concentration camp incarceration (Chodoff, 1963; Eitinger, 1980), even in individuals who appeared to have adjusted well (Eaton et al., 1982; Ostwald and Bittner, 1968) and on subsequent generations (Kestenberg, 1980). Following the observation of frequent and severe mental disorders among Vietnam veterans, the diagnosis of posttraumatic stress disorder (PTSD) was added to the DSM-III system in 1980 (for reviews, see Horowitz et al., 1980; Kinzie, 1989). Since then, possibly as a result of the introduction of this new diagnostic category, numerous studies have been conducted on psychiatric disorders occurring as sequelae of traumatic events (Rundell et al., 1989). Investigations have included combatants and prisoners of war (Goldstein et al., 1987; Speed et al., 1989; Sutker et al., 1991), recent survivors of concentration camps (Kinzie et al., 1984; Mollica et al., 1987), individuals who had emigrated as a result of political unrest (Cervantes et al., 1989), victims of torture (Allodi, 1991; Rasmussen and Lunde, 1980), hostages (Hillman, 1981), and residents of areas in which natural disasters (Rangell, 1976; Shore et al., 1986) or technological accidents (Smith et al., 1988) have occurred. However, although there are similarities and common symptoms, not all disorders resulting from traumatic stress experiences have been diagnosed as PTSD (Mollica et al., 1987). Moreover, recent investigations focusing on comorbidity in prisoners of war showed that depressive disorders and generalized anxiety disorders frequently occurred simultaneously (Engdahl et al., 1991; Solomon et al., 1991).

Political Persecution in the German Democratic Republic

In August 1961, a wall was built between East and West Germany and around West Berlin to prevent people from leaving the German Democratic Republic (GDR). From then on, East German citizens were prevented from traveling freely to or visiting West Germany and West Berlin. Individuals planning to leave East Germany or who opposed official state policy were subjected to repression by state authorities, particularly by agents of the powerful State Security Police (the so-called STASI). Consequently, they became the victims of arbitrary and unpredictable decisions. The persecution also included frequent interrogation, arrest, surveillance both at home and at work, social discrimination, and degradation. The future of dissidents was uncertain—they could never be sure what would happen to them next. In fact, the dramatic political changes in East Germany at the end of the 1980s revealed how well the STASI was organized, and how

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far it intruded into all areas of public and even private life. More than 50,000 individuals were imprisoned for extended periods of time. While it was known that their lives were not objectively endangered, psychological torture was frequently used. A number of these individuals were bought free by the West German government and released to the West, others were released after the fall of the wall in November 1989 (Amnesty International, 1989; Peters, 1991).

The purpose of the present study was to investigate the nature of the psychiatric disorders presented by patients who had been persecuted and imprisoned for political reasons in East Germany. The data were obtained from a selective sample of victims who were suffering from persisting psychiatric disorders. The criterion for inclusion was, therefore, a psychiatric disorder assumed to be due to a period of political imprisonment of at least 6 weeks. In this paper, we give the patients' histories before, during, and after imprisonment and describe the onset and course of the symptoms. The diagnostic classification of the psychopathological patterns will be discussed and compared with that of other trauma-induced stress symptoms.

Methods

The study was carried out in the Department of Social Psychiatry at the Freie Universität Berlin between April 1990 and March 1991. We studied outpatients with persistent psychiatric symptoms who had been imprisoned for at least 6 weeks for political reasons in the former GDR. The period of punishment had occurred at least 9 months and a maximum of 15 years before the study. Thirty of the patients were interviewed after they had consulted a psychiatrist on an outpatient basis. Twenty-five came directly to us. They had either been informed about our department by support organizations or had read reports on the study in local newspapers. The patient's history was assessed in a semi-structured interview; the PTSD criteria were assessed using a symptom checklist applicable to the DSM-III-R criteria (American Psychiatric Association, 1987). Part of the interview was tape recorded, and patients' answers were categorized a posteriori. Clinical ratings of psychopathological symptoms were made on the Hamilton Rating Scale for Depression (Hamilton, 1960) and on the Hamilton Anxiety Rating Scale (Hamilton, 1959). The patients self-rated their symptoms on the von Zerssen Complaints List (von Zerssen, 1986), the von Zerssen Depression Scale (von Zerssen, 1986), and the State-Trait Anxiety Inventory (Spielberger et al., 1970). The diagnostic classifications were made on axes I, II, and V of the DSM-III-R system. The patients were informed about the nature of the investigation. Participation in the study was not associated with treatment or any other advantage for them.

Results

Sample

The ages of the 55 patients (16 women and 39 men) ranged between 20 and 62 years ($\bar{X} \pm$ SD, 36.0 $\pm$ 10.2 years). Twelve patients had attended school for 8 years; thirty-three had 10 years of schooling; ten had completed higher level education. Eleven had no occupational training. Thirty-nine had completed an apprenticeship; five held university degrees. At the time of the study, 30 patients were living with a partner and 28 had children. Nineteen held jobs that were fitting for their level of education or training; seven were overqualified for the jobs they were doing; twenty-one were unemployed; six had applied for a pension, and two had begun studying. Between 9 months and 14.6 years had elapsed between the time of release from prison and the start of the study (5.2 $\pm$ 2.1 years).

History

Thirty-nine (71%) patients reported no mental disturbances of any kind before imprisonment. Sixteen (29%) patients had already experienced mental disorders before imprisonment. In eight of the latter cases, onset of these disorders was clearly associated with the prolonged stress to which they were subjected by the political system. All patients indicated that they had already been subjected to direct repression by the state (e.g., surveillance, summonses, interrogations) in the months before imprisonment, particularly by the STASI. Eighteen (33%) patients reported that they had suffered job disadvantages before imprisonment and had been downgraded and forced to do work below their level of qualification. Only six (11%) patients had received medical treatment for their complaints in the GDR; none had been treated on an inpatient basis.

In the majority of cases (51%), the reason for imprisonment was an unsuccessful attempt to leave the GDR. Other frequently mentioned reasons were "anti-state activities" (22%), "contacts with institutions in the West" (15%) "treason" (11%), and planning to flee (13%). The length of imprisonment was between 6 weeks and 12 years (20.0 $\pm$ 25.1 months). Fifty-one (93%) patients spent an average of 74.2 days out of this time in solitary confinement (between 1 and 912 days). Thirteen (24%) patients had been imprisoned more than once, one patient even six times.

In answer to an open question about what had been most stressful during their time of imprisonment, the patients told of interrogations that went on for several hours (35%), frequently at night as well as daily over a period of weeks, and were conducted in a repressive

manner by agents of the STASI. In addition, regular turning off and on of the cell lighting or constant lighting at night was reported (38%). The constant harassment to which they were subjected was also experienced as very stressful, *e.g.*, being addressed as a number (24%), frequently being moved to different cells or prisons without previous announcement (15%), and constant surveillance as well as searches of prison cells (73%). While in prison, no one knew when he or she would be released. One also never knew which of one's cellmates might be STASI informers. This insecurity promoted a climate of mistrust and hostility among the inmates. The patients lived in constant fear that they would never be released or be mistreated, and of family members possibly being subjected to repressive measures. Contacts with family members were only rarely possible, and in some cases, contact with the family or any other persons was prevented altogether. In 22 cases (40%), members of the patient's immediate family had also been imprisoned for political reasons. All the patients described the conditions of their imprisonment as causing mental anguish and psychological torture.

The following complaints were reported most frequently as the major symptoms during imprisonment: depressive mood (19%), sleep disorders (17%), feelings of anxiety (13%), suicidal thoughts (13%), inner restlessness (11%), headaches (9%), weariness (7%), nightmares (7%), nervousness (7%), and loss of appetite (7%). Two patients tried to commit suicide during imprisonment. In all 16 (29%) of the patients who already had symptoms during the time they were imprisoned, the symptoms became significantly worse. Eleven (20%) patients reported that physical violence, *e.g.*, blows to the head or to the body, had occasionally been used against them; however, in no case did this result in serious injury. All the patients complained of being in a poor physical condition after their release. The most frequently mentioned complaints in this regard were weakness (51%), weight loss (42%), weight gain (16%), hair loss (7%), stomach pains (7%), vision disturbances (6%), and back pain (6%).

Of the 17 (31%) patients who had continued to live in the GDR for some time before the opening of the wall ($\bar{X}$ = 52 months) and before they were permitted to emigrate to West Berlin, 11 were downgraded in their jobs. Nine of these patients felt socially isolated; in six cases, imprisonment led to the separation from the spouse or partner. Thirty-eight (69%) patients came to West Berlin directly after their release. Thirty-seven (67%) patients sought medical treatment immediately after arriving in West Berlin. Three (5%) underwent psychiatric treatment on an inpatient basis after a period of some months. The course of the mental symptoms subsequent to release varied widely. Twenty-nine percent (N = 16) reported that the symptoms had persisted in undiminished intensity up to the present, despite a slight temporary improvement in the meantime. Fourteen (25%) patients had noted a slow, continuing improvement in their symptoms. Others reported that their symptoms recurred whenever they were exposed to minor external stress (36%).

TABLE 1
Current Complaints Spontaneously Reported by the Patients (≥ 10%)

Sleep disturbance	52%
Depressive mood, sadness	43%
General anxiety	41%
Irritability	24%
Exhaustion	22%
Lack of contact	22%
Headache	20%
Nightmares	20%
Nervousness	19%
Perspiration	19%
Distrust in relationships	17%
Inner restlessness	15%
Agoraphobia	13%
Aggressiveness	13%
Memory impairment	13%
Lack of concentration	11%
Lack of social relationships	10%
Stomach trouble	10%
Poor coping with stress	10%

Symptoms and Diagnostic Classification

Table 1 shows the complaints that were spontaneously reported by patients at the time of the study. The most frequently mentioned were sleep disorders, depressive mood, feelings of anxiety, irritability, exhaustion, difficulties in interpersonal contact, headaches, and nightmares.

Table 2 summarizes the symptoms rated by at least 50% of the patients as moderate or severe on the von Zerssen Complaints List. At least 50% of the patients complained of inner restlessness, irritability, brooding, a feeling of weariness, pain in the chest, perspiring heavily, back pains, insomnia, excessive need of sleep, and trembling.

The mean scores on the self-rating scales were 34.8 on the Complaints List (SD = 13.5) 49.9 on the State-Trait Anxiety Inventory (SD = 12.3), and 13.8 on the von Zerssen Depression Scale (SD = 8.4). The Hamilton Rating Scale for Depression scores varied between 2 and 37 (12.9 ± 8.0), and the Hamilton Anxiety Rating Scale scores between 2 and 35 (14.2 ± 8.2). Table 3 shows the psychiatric diagnoses according to DSM-III-R. The most frequent diagnoses were depressive disorders (N = 24), anxiety disorders (N = 17), PTSD (N = 12), and somatoform disorders (N = 11).

Eighteen (33%) patients received two diagnoses. Eight patients had PTSD and one other diagnosis; the

TABLE 2
Complaints Rated as Moderate or Severe in the von Zerssen Complaints List (> 50%)

Inner restlessness	87%
Irritability	83%
Brooding	83%
A feeling or weariness	72%
Pain in the chest	72%
Perspiring heavily	70%
Back pains	70%
Insomnia	63%
Excessive need of sleep	61%
Trembling	54%

TABLE 3
Diagnoses According to DSM-III-R (N = 55)[a]

Psychotic disorders not otherwise specified	1
Major depression, single episode, mild	1
Major depression, recurrent, moderate	3
Anxiety disorders not otherwise specified	6
Panic disorder, without agoraphobia	1
Generalized anxiety disorder	4
Panic disorder, with agoraphobia	3
Agoraphobia without history of panic disorder	2
Social phobia	1
Obsessive-compulsive disorder	1
Dysthymia	15
Depersonalization disorder	1
Somatoform disorder	11
Alcohol abuse	5
Posttraumatic stress disorder	12
Depressive disorder not otherwise specified	5
Pathological gambling	1

[a]In 18 patients, two diagnoses were made.

additional diagnoses were recurrent major depression, dysthymia, and generalized anxiety disorder in two patients, respectively, and major depression, single episode, and panic disorder without agoraphobia in one patient each. Moreover, on the basis of patients' descriptions, seven (13%) had met PTSD criteria within the first year after release, but failed to do so at the time of assessment. The current diagnoses for these patients were dysthymia and agoraphobia without panic disorder (two patients), depressive disorder (not otherwise specified), depersonalization disorder, and somatoform disorder in one patient each. There was no difference between the times between release and interview of the patients with and without current PTSD. In addition, we diagnosed personality disorders on axis II of the DSM-III-R in six patients: schizoid ($N = 2$), schizotypical, histrionic, borderline, and nonspecified personality disturbance ($N = 1$ each). The scores on the Global Assessment of Functioning Scale (according to axis V or the DSM-III-R) at the time of the interview ranged between 40 and 75 (58.8 ± 9.9).

All patients had a mental disturbance characterized by symptoms of depression and anxiety accompanied by vegetative complaints and increased arousal. In the patients' accounts, aggressiveness toward everything having to do with the GDR was clearly observable. They were confused after the political system in the GDR was dismantled; thirty-one (56%) patients observed that since German reunification, their state of health had even worsened. Twenty-eight (51%) patients described feelings of hatred toward the former GDR state and uncontrollable outbursts of rage. However, we know of no patient having taken or attempted to take action against former STASI officers. We were surprised to find that most patients ($N = 45$; 81%) showed no avoidance of stimuli reminiscent of imprisonment or political persecution. During the exploration, the patients were friendly but acted very cautiously and distrustfully toward us and other individuals. Three patients even openly expressed the suspicion that the interviewers might be working with the STASI. All patients were emotionally capable of recounting their experiences in prison without having to interrupt the interview because of the unpleasant memories associated with it. Seven patients wept during the interview. Since imprisonment, 22% ($N = 12$) had had difficulty in maintaining interpersonal contact. They had withdrawn somewhat from society; however, contact with their spouses or partners and members of their immediate families did not seem to be impaired. Ten (18%) patients developed social phobias, *e.g.*, the fear of going to public authorities in West Berlin or of visiting East Germany. Thoughts of imprisonment still frequently occupied the patients' minds. Forty percent ($N = 22$) of them still thought about their time in prison every day ($\bar{X} = 4$ days a week). There was no significant correlation between the duration of imprisonment and the intensity of the mental symptoms. There was also no significant correlation between the severity of the symptoms and the time that had elapsed between release from prison and the time of the study. The majority of the patients ($N = 40$; 72%) saw a direct connection between their imprisonment and their complaints. Fifteen (28%), however, made neither imprisonment nor political persecution in the GDR responsible for their current complaints. They saw little or no connection, although this was obvious to us, but gave other reasons, *e.g.*, difficulties in their relationships to their partners, problems at work, the breaching of the wall and difficulties in making contacts in the West. Nevertheless, imprisonment was evaluated as something negative, as having a negative influence on their lives that had continued into to the present.

At the time of the study, 19 (35%) patients were in outpatient psychiatric care. Nine were being treated with antidepressants, four with neuroleptics, six with

tranquilizers, and 11 with unspecified sedatives. Two patients had had consultations with psychologists, one was undergoing psychotherapy.

Discussion

We examined 55 patients with mental disturbances who had been imprisoned in the former GDR. They were suffering from an anxious-depressive syndrome accompanied by vegetative disturbances. The syndrome was also characterized by increased arousal with outbreaks of rage, aggressive emotions, irritability, and sleep disturbances. Frequently, the patients suffered from unpleasant memories and feelings of anxiety whenever they thought about their experiences. Their social adaptation with regard to job and close personal relationships seemed satisfactory given the severity of the symptoms.

In order to classify this syndrome, it was necessary to make more than one formal diagnosis. Like other groups studying traumatic stress, we found that PTSD is not the only outcome of traumatic experiences and that different psychiatric disorders frequently occurred (Engdahl et al., 1991; Mollica et al., 1987). The differentiation between an anxiety disorder and a depressive disorder according to the DSM-III-R was difficult in many cases. This was reflected by the fact that 12 (22%) patients were given a "not otherwise specified" diagnosis of some kind. The syndrome we found shows similarities to PTSD. Group D and E criteria for PTSD were fulfilled by all patients. However, only 12 (22%) of them were found to fulfill all the criteria for this diagnosis. We assumed that the stressor exposure level (criterion A for PTSD) was met by all patients (STASI persecution with imprisonment), although this may be disputable in some cases because the practice of STASI surveillance and harassment was widespread. In other patients, we did not find clear group C criteria for PTSD when the criterion definitions were strictly interpreted, *e.g.*, "markedly" diminished interest in "significant" activities, or "persistent" avoidance of stimuli associated with the trauma. Nineteen (35%) patients had definitely met all criteria of PTSD at some point in time after imprisonment. This rate may even have been higher because in some patients, it was impossible to diagnose for sure whether PTSD had existed in the past or not.

The syndrome found in this study resembles that of other politically persecuted individuals, particularly with regard to the severe affective and vegetative symptoms. It is similar to the mental sequelae observed in survivors of the Nazi holocaust (Eitinger, 1980) and the Cambodian concentration camps (Kinzie et al., 1984; Mollica et al., 1987), as well as in torture victims (Allodi, 1991). However, the degree of symptoms exhibited by patients in this study was far less pronounced than that following years of concentration camp imprisonment. Unlike concentration camp survivors and torture victims, the patients we examined were not directly threatened with death. In comparison to other studies on political prisoners, the relatively moderate severity of the stressor exposure level could be partly responsible for the low PTSD rate in our sample, as an association between the severity of the circumstances of captivity and the severity of PTSD has been found in other studies (*e.g.*, Speed et al., 1989). In two thirds of the patients (N = 35), the mental disturbances had persisted over an average observation period of 5.2 years. This persistence has also been observed in other political prisoners (Eaton et al., 1982; Eitinger, 1980). No significant correlation was found between length of imprisonment and symptom intensity. However, the actual duration of mental stress certainly exceeded the length of imprisonment itself, but could not be determined exactly in individual cases. The findings suggest that the psychiatric disorders we diagnosed are due mainly to long-term stress and particularly to imprisonment in the GDR, and not caused by any adjustment problems that may have occurred afterward. This interpretation is supported by the results of other studies in persons who migrated from East to West Germany before reunification. In an unselected sample (Priebe et al., 1991) and also in a sample in whom psychiatric disorders existed after arrival in the West—without having been imprisoned before—a marked improvement in symptoms was found within the first 6 months and even more within 2½ years of living in the West (Priebe et al., 1990, 1993a, 1993b).

After moving to the West, former political prisoners in the GDR were helped by certain advantages: they had no language barriers to overcome, they could live in a country with the same cultural background as the one they had grown up in, and they were to some extent supported and officially respected as victims of the Communist system in East Germany. At the time of the interview, the STASI regime had already collapsed and the patients were able to move freely between West and East Germany and visit their relatives and friends. Nevertheless, in some patients, difficulties with social integration and a low degree of social support may have contributed to the persistence of the psychiatric disorders or, vice versa their integration problems may have been enhanced by some of the symptoms. One such difficulty could be the employment situation, since 27 (49%) patients were without a job at the time of the interview. Differences between the findings in our sample and those of other studies on political prisoners (Kinzie et al., 1984; Rasmussen and Lunde, 1980) could be due to three factors: the patients in this sample had a different cultural background from those in other

studies, the stressors they had experienced during imprisonment were less severe, and they benefitted from better conditions for resettlement after imprisonment.

Conclusions

Although some patients reported that at some point in time they had been afraid that their lives might be in danger, the lives of political prisoners in the GDR were not really endangered at the time when the patients examined in our sample were imprisoned. Thus, the degree of stress was presumably lower than in concentration camp survivors and, consequently, the symptoms were less marked. Nevertheless, political imprisonment in the GDR was associated with various stress factors and may well have had mental sequelae that lasted for several years and will probably persist for the rest of their lives in some cases. The syndrome from which most patients in our study were suffering could not be classified as PTSD. A more appropriate diagnostic category for these trauma-induced disorders or a specification of different forms of PTSD may be needed (Davidson and Foa, 1991). The sample in this study is not representative of all former political prisoners in the GDR. No conclusion can be drawn from the findings about the way in which the frequency of disorders is related to the conditions and stressors during imprisonment, how long the disorders persist on average, or how often people have coped with the same stress factors more successfully without subsequently suffering from psychiatric disorders. Larger studies should, therefore, be conducted in representative samples.

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