

POLITICAL PERSECUTION IN THE GERMAN DEMOCRATIC REPUBLIC AND ENDURING MENTAL SEQUELAE IN THE VICTIMS

Michael Bauer, and Stefan Priebe

Department of Social Psychiatry
Freie Universität Berlin
Germany

Abstract—Between 1950 and 1989 tens of thousands of people were imprisoned for political reasons in East Germany, the former German Democratic Republic. We examined former political prisoners who suffered from enduring mental sequelae because of traumatic experiences during imprisonment and persecution in East Germany. This paper deals with the patients' exposure to stressful events, mental health problems, and results of the psychiatric investigations. We found a characteristic syndrome involving symptoms of depression and anxiety with vegetative complaints that resembles psychiatric disorders found after other forms of political persecution, e.g. concentration camp imprisonment.

1. HISTORICAL BACKGROUND OF MENTAL DISTURBANCES AFTER SEVERE TRAUMATIC EXPERIENCES

1.1 HOLOCAUST SURVIVORS

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 (1, 2). These survivors showed symptoms of chronic depression, anxiety, and neurasthenia. Interpersonal relationships were overshadowed by distrust and survivor guilt is still a major theme in depressive ideation. This set of symptoms was then termed "survivor syndrome". Follow-up studies found long-term effects of concentration camp incarceration (2, 3), even on individuals who appeared to have adjusted well (4,5). Later transmission of psychiatric sequelae even to the second and third generation of holocaust survivors was observed (6).

1.2 POSTTRAUMATIC DISORDERS IN VIETNAM VETERANS AND VICTIMS OF EXTREME STRESS

Following the observation of frequent and severe mental disorders among American Vietnam veterans, the diagnosis of posttraumatic stress disorder (PTSD) was added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) published by the American Psychiatric Association in 1980 (7). The essential feature of PTSD is the development of characteristic symptoms following exposure to an extreme traumatic stressor with direct personal experience of an event that involves actual or threatened death or serious injury. PTSD has been the subject of considerable interest in psychiatric research in recent years. Investigations have been conducted on psychiatric disorders subsequent to traumatic events e.g., including combatants and prisoners of war, victims of violent personal assault (sexual assault, physical attack, hostages, robbery), victims of severe automobile accidents, recent survivors of concentration camps, and residents of areas subjected to natural or manmade disasters (8). In an epidemiological survey, a study found a 1.0% prevalence of PTSD (9). The fact that chronic morbidity can develop from PTSD has been well described, along with resulting impairment in employment, interpersonal relationships, poor impulse control, abuse of alcohol and other substances, and an increased rate of attempted suicide.

1.3 MENTAL DISORDERS AFTER PSYCHOLOGICAL AND PHYSICAL TORTURE

There is empirical evidence that mental disorders including PTSD may also occur as a response to political stress situations. "Political" here means that the stress situation is directly imposed by a totalitarian system. This includes measures used by totalitarian regimes such as psychological and physical torture, repeated imprisonment, deportation and traumatizing threats (10). Usually, political stress is characterized by a situation which lasts for at least several weeks, rather than by a single event. After the original publication by Amnesty International (11) of the physical and psychological sequelae of torture, a considerable number of reports and studies have appeared in Europe, Australia, and North-America (12). Amnesty International has reported the use of torture in over 90 countries. Today about 15 million refugees are estimated worldwide, many of them have suffered violent persecution, including torture (13). These data reveal that political persecution is an important cause of mental morbidity.

2. POLITICAL PERSECUTION IN THE GERMAN DEMOCRATIC REPUBLIC

The Second World War led to the division of Germany into two parts with completely different political systems. East Germany became the German Democratic Republic (GDR), except for the western part of Berlin, which remained attached to the rest of West Germany, the Federal Republic of Germany (FRG). In August 1961 a wall was built between East and West Germany and around West Berlin in order to prevent people from leaving the German Democratic Republic. From then on East German citizens were

unable to travel freely or to visit West Germany, including West Berlin, or other Western countries.

Individuals planning to leave the GDR 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. Further characteristics of persecution also included frequent interrogation, arrest, surveillance both at home and at work, social discrimination and degradation. No one was sure about which of his colleagues, friends or even family members secretly passed information on to the STASI. Persons making an official application to leave the GDR, may have immediately lost their jobs or even been sent to prison for months or years. Their children were regularly prevented from higher school education and from any advanced professional training. The future of dissidents was uncertain and unpredictable - they could never be sure what would happen to them next. Often those persons were pressurized to withdraw their application, which - sometimes - were not accepted for more than ten years or not at all (14, 15, 16, 17). More than 50,000 individuals were imprisoned for extended periods of time. While it was known that their lives were hardly 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 (14, 18, 19).

In 1989 there was a dramatic change in the political situation in Eastern Europe and the "Iron Curtain" began to rise. In September 1989 the Hungarian border was opened to East Germans and, later the Czechoslovakian border, and thus East Germans could travel from East to West Germany via Hungary and Austria with little difficulty. On November 9, 1989 the wall between the two Germanies was breached. Taking advantage of these unexpected changes during the fall of 1989, several thousand people left the GDR each day, many of them after release from political imprisonment. In the meantime it has been revealed how well the STASI was organized, and how far it intruded into all areas of public and even private life.

3. EMPIRICAL STUDIES ON PSYCHIATRIC DISORDERS IN POLITICAL PRISONERS FROM THE GDR

In several empirical studies we examined more than 200 people who had left the GDR because of political reasons and were suffering from psychiatric disturbances (15,16,17,18). We found a broad range of disorders, but a characteristic syndrome emerged from the complaints and symptoms of those who had been imprisoned or had been subject to other forms of longstanding harassment for political reasons in the GDR (18,19). This paper shows details from a selective sample of 55 patients who were exposed to stressful events and were suffering from enduring mental health problems resulting from political imprisonment in the GDR.

3.1 REASONS FOR IMPRISONMENT

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. One-third of the patients reported that they had suffered job disadvantages before imprisonment and had been downgraded and forced to do work below their level of qualification. In the majority of patients (51%) the reason for imprisonment was an unsuccessful attempt to leave the GDR. Other frequently mentioned reasons were "anti-state activities", "contacts with institutions in the West", "treason" and planning to flee. The length of imprisonment was between 6 weeks and 12 years (mean=20.0 months). 13 patients had been imprisoned more than once, one patient even six times. 51 patients spent some time in solitary confinement.

3.2 CONDITIONS DURING POLITICAL IMPRISONMENT

Political prisoners were regularly exposed without warning to the following stressors: frequent interrogations that went on for several hours and were conducted in a repressive manner by agents of the STASI, isolation with no contact to other people apart from the prison service and the interrogators, systematic sleep deprivation with the lights being switched on and the person being called every ten minutes, degrading treatment and discrimination, complete uncertainty regarding their own and other family members' future, being addressed as a number, and being moved frequently to different cells or prisons without previous announcement. While in prison, one never knew which of one's cellmates might be STASI informers. This insecurity promoted a climate of mistrust and hostility among the inmates. Contacts with family members were only rarely possible, and in some cases, contacts with the family or other persons was prevented altogether. In 22 cases, members of the patient's immediate family had also been imprisoned for political reasons. Prisoners clearly felt helpless and often experienced intensive fear in the face of harassment, arbitrariness and unpredictability. All the patients described the conditions of their imprisonment as causing mental anguish and as psychological torture. Physical attacks occurred rarely, and in no case did this result in serious injury. All patients complained of being in bad physical shape after their release.

3.3 SYMPTOMS AND COURSE OF MENTAL SEQUELAE

Around two thirds of the patients reported no mental disturbances of any kind before imprisonment; around one third of the patients had already experienced mental disorders before imprisonment, in some 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 had a mental disturbance characterised by symptoms of depression and anxiety accompanied by vegetative complaints with increased arousal. Furthermore, the syndrome was characterized by 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 symptoms. In the patients' accounts, aggressive emotions towards everything having to do with the GDR were clearly observable. They were irritated after the political system in the GDR was dismantled. 31 patients observed that since German reunification their state of health had even worsened. Since imprisonment 12 patients exhibited impaired ability to maintain inter-personal contact. They were living rather withdrawn, although contact with their life partners or immediate family

members did not seem to be impaired. In 10 cases social phobias occurred, e.g. the fear of going to public authorities in West Berlin or to visit East Germany. Thoughts of imprisonment occupied patients frequently.

In order to classify this syndrome, various diagnoses had to be made. Like other traumatic stress studies we found that PTSD is not the only outcome of trauma experience and that different psychiatric disorders co-occurred frequently.

After their arrival in West-Berlin around two third of the patients sought medical treatment immediately. The course of mental complaints subsequent to release varied widely. Sixteen patients reported that the symptoms persisted up to the present in undiminished intensity despite a slight temporary improvement in the meantime. 14 patients noted a slow, continuing improvement of the symptoms. Others said that their symptoms recurred whenever exposed to minor external stress.

4. COMPARISON WITH OTHER FORMS OF POLITICAL PERSECUTION

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 (2) and the Cambodian concentration camps (20), as well as in torture victims (12,13). 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 two thirds of the patients, the mental disturbances had persisted over an average observation period of 5.2 years. This persistence has also been observed in other political prisoners (2, 5). 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 (21) 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 2.5 years of living in the West (16).

5. 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. Some of the patients are likely to remain unable to perform a job or to establish a satisfactory partnership. For them, in a way imprisonment turned out to be a life long sentence.

REFERENCES

1. Von Baeyer W., Häfner H, Kisker K.P. (Eds) (1964) *Psychiatrie der Verfolgten*. Berlin-Goettingen-Heidelberg-New York: Springer.
2. Eitinger L. (1980) The concentration camp syndrome and its late sequelae. In: JE Dimsdale (Ed), *Survivors, victims, and perpetrators. Essays on the Nazi Holocaust* (ed. Dimsdale JE). Washington-New York-London: Hemisphere Publishing Corporation, pp. 127-162.
3. Chodoff P. (1963) Late effects of the concentration camp syndrome. *Arch Gen Psychiatry* 8:323-333.
4. Ostwald P., Bittner E. (1968) Life adjustment after severe persecution. *Am J Psychiatry* 124:1393-1400.
5. Eaton W.W., Sigal J.J., Weinfeld M. (1982) Impairment in Holocaust survivors after 33 years: Data from an unbiased community sample. *Am J Psychiatry* 139:773-777.
6. Kestenberg J.S. (1980) Psychoanalysis of children of survivors from the Holocaust: Case presentations and assessment. *J Am Psychoanal Assoc* 28:775-804.
7. American Psychiatric Association (1980) *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC:Author.
8. Kinzie J.D. (1989) Posttraumatic stress disorder. In: *Comprehensive textbook of psychiatry* (5th ed) (eds. Kaplan HI, Sadock BJ). Baltimore: Williams & Wilkins, pp. 1000-1008.
9. Helzer J.E., Robins L.N., McEvoy L. (1987) Post-traumatic stress disorder in the general population: findings of the Epidemiological Catchment Area Survey. *N Engl J Med* 317:1630-1634.
10. Priebe S., Häring B., Bauer M. (1992) Response syndrome to political stress: Symptoms and therapeutic approach within emergency situations. In: *Emergency Psychiatry Today* (eds. van Luyn JB, Rijnders CAT, Vergouwen HHP, Wunderink A). Amsterdam: Elsevier, pp. 143-145.
11. Amnesty International (1977) *Evidence of torture*. Studies by Amnesty International's Danish Medical Group. London: Author.
12. Turner S., Gorst-Unsworth C. (1990) Psychological sequelae of torture. A descriptive model. *Br J Psychiatry* 157:475-480.
13. Allodi F.A. (1991) Assessment and treatment of torture victims: A critical review. *J Nerv Ment Dis* 179:004-011.
14. Amnesty International (1989) *German Democratic Republic - Sweeping laws-Secret justice*. London: Author.
15. Bauer M., Priebe S., Kürten I., Gräf K.J., Baumgartner A. (1994) Psychological and endocrine abnormalities in refugees from East Germany: Part I. Prolonged stress, psychopathology, and hypothalamic-pituitary-thyroid axis activity. *Psychiatry Res* 15:61-73.
16. Bauer M., Priebe S. (1994) Psychopathology and long-term adjustment after crises in refugees from East Germany. *Int J Soc Psychiatry* 40:165-176.
17. Priebe S., Rudolf H., Bolze K. (1994) Andauernde psychische Störungen nach Repressalien infolge eines Ausreiseartrages in der DDR. *Fortschr Neurol Psychiat* 62:433-437.
18. Bauer M., Priebe S., Häring B., Adamczak K. (1993) Long-term mental sequelae of political imprisonment in East Germany. *J Nerv Ment Dis* 181:257-262.

19. **Priebe S., Rudolf H., Bauer M., Häring B.** (1993) Psychiatric disorders after political Imprisonment in the GDR - Views of the patients (in German). *Fortschr Neurol Psychiat* 61:55-61.
20. **Mollica R.F., Wyshak G., Lavelle J.** (1987) The psychosocial impact of war trauma and torture on Southeast Asian refugees. *Am J Psychiatry* 144:1567-1572.
21. **Priebe S., Gunkel S., Bauer M.** (1991) Complaints and use of medical help among people who left East Germany (in German). *Muench Med Wschr* 133:228-231.