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DISSERTATION

Psychiatrische Diagnostik und Einschätzung ehemaliger
Kriegsgefangener an der Charité Berlin, 1948 – 1956

Psychiatric diagnostics and evaluation of former prisoners of war at
the Charité Berlin, 1948 – 1956

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Stephanie Julia Schöhl

aus Hannover

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Inhaltsverzeichnis

Abstrakt (Deutsch)	1
Abstract (English)	3
Manteltext	
I. Introduction & Current state of research	4
I.I Postwar East Germany	5
II. Objectives	7
III. Methods	7
III.I Theoretical considerations	7
III.II Patient files from the Historische Psychiatrie Archiv Charité Berlin	10
III.III Contemporary Scientific Literature	17
III.IV Personal Share in the Investigation	17
IV. Limitations	18
V. Results and Discussion	19
V.I Diagnoses received by former POW patients	20
V.II Political contingencies of POW patient diagnostics	25
V.III Mapping consequences of war imprisonment onto patients' bodies	25
V.IV Frictions: Patient interpretations of illness after war imprisonment	26
VI. Conclusion & Further Outlook	26
VII. Bibliography	28
Eidesstaatliche Versicherung	32
Anteilserklärung an der erfolgten Publikation	33
Auszug aus der Journal Summary List	34
Druckexemplar der Publikation	39
Schöhl, S., Hess, V. (2019). War imprisonment and Clinical Narratives of Psychiatric Illness, Psychiatric Hospital Charité Berlin, 1948 - 1956. <i>Journal of the History of Medicine and Allied Sciences</i>, 74(2), 145-166.	
Lebenslauf	61
Publikationsliste	62
Danksagung	63

Abstrakt

Bis zum jetzigen Zeitpunkt hat die ostdeutsche psychiatrische Praxis vergleichsweise weniger Aufmerksamkeit innerhalb der Geschichte der Medizin erfahren als die Westdeutsche. Dieser Sachverhalt ist besonders relevant für Untersuchungen über psychologisches Trauma und Krankheit in Verbindung mit dem Zweiten Weltkrieg. Die führende Literatur fokussiert sich hierbei vorherrschend auf westdeutsche politische und medizinische Diskussionen als Quellen, um Fragen nach psychiatrischer Krankheit und dessen Interpretation in Verbindung mit traumatisierenden Erlebnissen zu beantworten. Im Gegensatz hierzu leistet diese Untersuchung einen neuen Beitrag, indem sie erstmals ostdeutsche Patientenakten von 1948 bis 1956 des Historischen Psychiatrie Archivs Charité Berlin (HPAC) nutzt, um zu erforschen, wie Krankheit nach Kriegsgefangenschaft von behandelnden Psychiatern der Charité beschrieben und verstanden wurde. Insbesondere konzentriert sie sich auf die Fragestellung, inwiefern der körperlichen und psychischen Auswirkungen von Kriegsgefangenschaft bestimmten Körperregionen und Pathophysiologien zugeschrieben wurden. Welche (langfristigen) Auswirkungen auf Körper und Psyche wurden von den Patienten selbst angeführt, und welche davon wurden von den behandelnden Ärzten als Beweis eines schädigenden Einflusses des Krieges oder der Kriegsgefangenschaft akzeptiert? Darüber hinaus argumentiert diese Untersuchung, dass medizinische Erklärungen psychiatrischer Krankheit nach Kriegsgefangenschaft an der Charité mit offiziell-politischer Meinung in dessen Betonung von sozialen Wiedereingliederungs-schwierigkeiten als treibender Krankheitsfaktor von psychiatrischen Symptomen der Nachkriegszeit übereinstimmten. Als letzte Fragestellung untersucht diese Arbeit, inwiefern psychiatrische Krankheit nach Kriegsgefangenschaft als Herausforderung klinischer Interpretation der Patientengeschichten ehemaliger Kriegsgefangener an der Charité gelten konnte. Diese Fragestellungen wurden methodisch mit Hilfe einer qualitativen Textanalyse der psychiatrischen Patientenakten des Historischen Psychiatrie Archivs der Charité Berlin (HPAC) bearbeitet. Nach einer sondierenden Übersicht aller Akten, wurden folgenden Sektionskriterien definiert: Männliches Geschlecht, dokumentierte Vorgeschichte einer Kriegsgefangenschaft während des Zweiten Weltkrieges, und Aufnahme auf die Erwachsenen psychiatrische Station der Charité innerhalb der Jahre 1948 bis 1956. Als solches wurden 79 von 1,391 Patientenakten der Jahre 1948, 1949, 1950 und 1956 systematisch selektiert, transkribiert, und nach Fragestellung mithilfe der „close reading“ Methodik, Narrativer und Inhaltsanalyse analysiert. Zusätzlich wurde die zeitgenössische wissenschaftliche Literatur des Journals „Neurologie, Psychiatrie und Medizinische Psychologie“ der Deutschen Demokratischen Republik (DDR) systematisch bezüglich

Kriegsgefangenschaft induzierter Krankheit als Sekundärquelle dieser Untersuchung herangezogen.

Abstract

To date, East German psychiatric practice has received comparatively less attention with the history of science than that of West Germany. This is especially true with regard to inquiries about psychological trauma and illness in relation to the Second World War. Dominant literature has primarily focused on West German political and medical debates to inquire about psychiatric illness and its interpretation in connection to traumatising experience(s). By contrast, this investigation newly contributes to this field of historical inquiry by using East German patient files from 1948 until 1956 of the Historische Psychiatrie Archiv Charité Berlin (HPAC) for the first time to explore the way in which disease after war imprisonment was described by attending psychiatrists of the Charité. It focused on the way in which the bodily and psychic effects of war imprisonment were given specific medical correlates of the postwar human body and its pathophysiology. Which (long term) effects upon the body and mind that were claimed by patients were read by clinicians as evidence of harmful consequences of war and war imprisonment? Moreover, if recognized as a result of war imprisonment, how were those symptoms explained within medical pathophysiology and correlated with medical diagnoses? In addition, using Socialist party debates as an additional source, this investigation found that medical explanations of psychiatric illness after war imprisonment corresponded to official-political opinion at the time by emphasizing social readjustment difficulties as etiologically responsible for postwar psychiatric symptoms. As its final objective, this investigation asked in which way psychiatric illness after war imprisonment could be regarded as a challenge to clinical interpretation of former POW's patient histories. To do so, this investigation used a qualitative textual analysis of the Charité psychiatric ward's patient files. After an explorative survey, following criteria for further selection were defined: male sex, documented history of war imprisonment during the Second World War and admittance to the adult psychiatric ward at the Charité from 1948 until 1956. As such, 79 of 1,391 files from the years of 1948, 1949, 1950 and 1956 were selected, transcribed and analysed using close reading methodology. In addition, contemporary scientific literature on war (imprisonment) induced disease of the German Democratic Republic (GDR) periodical "Neurologie, Psychiatrie und Medizinische Psychologie" was used as a secondary source to this investigation.

I. Introduction & Current research

Described as the “Age of Extremes” (Hobsbawm 1994), the twentieth century did not only mean an encompassing experience of extensive violence, but also of war captivity on an unprecedented scale. Approximately eight million German soldiers have been estimated to have become prisoners of war (POW) of the Allied forces (Echternkamp 2001:437). By the end of 1949, the majority of German POW had been released from Allied captivity (Karner 1995). It was not until winter 1955/56, however, that the last returning POWs arrived in Germany. This is not to omit the considerable death rate of those during war imprisonment. Soviet war imprisonment has been highlighted as having witnessed a particularly high number of casualties, amounting up to a third of the approximately two to three million German soldiers registered there (Goltermann 2009:96.). Of those who did survive and return to postwar Germany, devastating health conditions predominated, including dysentery, malnutrition, edema and exhaustion (Biess 2006).

The clinical and social negotiation of illness after war imprisonment within both postwar German states has been subject of an expanding literature during the recent years. German historian Svenja Goltermann is among the most prominent researchers who have analysed the topic from a West German perspective. In particular, her publication “Die Gesellschaft der Überlebenden” (2009) stands out as the first analysis of postwar West German psychiatric patient records, scientific publications and official media representations to examine the long-term impact of experiences of war and war imprisonment, as well as their negotiation on an individual, political and clinical level. The possibility of a distinct psychological impact of war was prominently discussed in professional medical journals during the immediate aftermath of the Second World War. However, there was a general consensus, Goltermann (2009:167) demonstrates, that illness after war imprisonment was of short-term nature, since human nature was theorized as psychologically resilient. A common explanation was that psychiatric symptoms would cease when the respective individual would no longer be able to maintain the privilege of being ill (Goltermann 2009: 165-178). Psychiatric interpretation of behavioral and emotional reactions in postwar Germany was also heavily influenced by those pre-1945 established concepts on the etiology of psychiatric disease. This included social Darwinist and eugenic reasoning stressing a susceptible character and the importance of family history as indicative for the concerned individual’s defectiveness (Biess 2006:75- 77, 84). At the same time, there were also new attempts at conceptualizing psychiatric illness of returning POWs, such as the diagnosis of “Heimkehrerneurose” and “Dystrophy” (Goltermann 2009:191-215). New medical explanations of returning soldiers’ illnesses also served as an interpretative device

for the prominent discourse of West German peoples' victimhood. Moeller (2001) recognized the latter as "the search for a useable past", in which the experience of expulsion and flight was utilized as a political tool to demonstrate that West German society as a whole had been a victim of Nazi Germany (Förster & Beck 2003).

I.I Postwar East Germany

There has been a persistent "asymmetry" (Wienand 2015) hitherto determining the historiography of both postwar German states, giving relative preference to West over East postwar Germany. As Kumbier & Steinberg (2018:22) summarize as editors of the publication "Psychiatrie in der DDR", several fundamental and innovative research projects with regard to the history of psychiatry within the GDR have been realized over the past years. At the same time, they also conclude that there are still multiple areas which remain "blank areas" with an urgent need for a more systematic historiography linking the different areas of research within the context of the GDR together.

As the only comparative analysis of former POWs' return and reintegration into postwar West and East Germany to date, this investigation particularly profited from Frank Biess' (2006) study "Homecomings." Tracing official-political narratives negotiating war and war imprisonment within both postwar German societies, Biess (2006) is able to show that war captivity, and particularly so Soviet war captivity, proved a highly problematic topic in the context of East German socialist state-building and official-political stances of German-Soviet friendship. Biess (2006) contends that in contrast to West Germany, East Germany was noteworthy for the relative absence of a medical-psychiatric discourse, whilst authorities identified former POWs illnesses not in terms of a psychiatric etiology, but rather as a political or ideological transgression. There was a governmental consensus on viewing returning POWs as "anti-Bolsheviks" threatening the project of an anti-fascist democratic order in Soviet-occupied Germany. This investigation has further benefited from Christina Wienand's publication "Returning Memories: Former Prisoners of War in Divided and Reunited Germany" (2015). She has been able to show how war captivity was imagined as a period of transformation both on an official-political as well as individual biography in postwar East Germany. Official memory culture within the GDR was influenced by a "mythos" of antifascist transformation of East German society and their liberation by the Red Army. Drawing on a wide range of sources such as interviews with former returnees, autobiographical texts as well as official-political publications and mass media, she argues that East German individual testimonies of former POWs similarly emphasized war imprisonment as a "university of life in general" (Wienand

2015:162). From 1948 onwards, as the “year of the returnee” (Biess 2006), this narrative was legitimated by the SED’s official-political rhetoric. Former POWs who wanted to publish their experiences of war imprisonment had to abide by this narrative structure as well (Wienand 2015:163). Further, unlike West German POWs, East German soldiers returning from war captivity were legally prohibited from organizing politically, lobbying for government compensation or further scientific research in persisting illness after war imprisonment (Biess 2006, Wienand 2015). Contrary to West Germany, no specific legal definition of the term “returnee” and associated eligibility for social benefits existed within East Germany. As Wienand (2015:20) has traced in her analysis of public and political debates, the term altogether vanished from official rhetoric after the return of the last POWs in 1955/56.

Scientific research as well as public representations primarily concentrated on a positive portrayal of war imprisonment, particularly emphasizing the antifascist re-education efforts of so-called Antifa-camps aimed at transforming former Wehrmacht soldiers and possibly Nazi-supporters into new, Socialist citizens (Biess 2006). As such, East German medical-psychiatric discourse in relation to war and war imprisonment was highly circumscribed. The main East German psychiatric periodical “Psychiatrie, Neurologie und medizinische Psychologie”, founded in 1949, only published one article reviewing the mental health effects of former soldiers returning from Western allies’ captivity. Whilst dystrophy was discussed with regard to Soviet imprisonment of returning POWs by West German psychiatrists, no specific reference was made either in articles or reviews by clinicians in East Germany. Medical textbooks discussed post-war psychiatric pathologies only with reference to victims of Nazi policies or Western imprisonment. Venturing as far as broadcasting from a radio station sympathetic to the SED party in April 1964, German returnees were urged not to provide any information regarding their experiences during war imprisonment to the major West German research project “Die Kriegsgefangenen des Zweiten Weltkrieges”, seeking to document German POWs’ narratives of captivity via interviews (Wienand 2015:15).

Clinicians themselves occupied an ambiguous role within the context of East German official efforts to portray war imprisonment as an opportunity of socialist transformation. The initial postwar period from 1945 to 1949 was marked by the Red Army’s occupation of eastern Germany and East Berlin. All of Berlin’s major psychiatric facilities were raided, with a considerable number of staff abandoning patients or committing suicide for fear of the Soviet troops (Eghigian 2002). The shortage of qualified staff and the high percentage of personnel with Nazi connections meant that de-Nazification had to be truncated in its initial efforts, although statistics indicate that it was still more rigorous in East than in West Germany. One

estimate from 1947 testifies that 48% of all psychiatrists and neurologists in the Soviet-Occupied Zone had been members of the Nazi Party (Eghigian 2002). Conversely, by June 1947 only about 15% had become members of the Communist Party, fueling a relationship of chronic distrust of East German psychiatrists on behalf of the ruling SED (Eghigian 2002), only yet to be reinforced by an increasing brain-drain of clinicians to the West from 1950 - 1960. At the same time, the continued employment of Nazi-era clinicians and psychiatrists may account for the relative conservatism with regard to the leading paradigms of mental health care (Eghigian 2002).

II. Objectives

Against this backdrop, this study seeks to extend the historiography of postwar East Germany, which has predominantly used official political discourses as sources to analyse the intersection between war imprisonment and psychiatric illness. Rightly so, as this period was a time in which returning POWs and their fates were most intensively discussed in East and West German politics, media and medical discourse (Goltermann 2009, Wienand 2015). To date, however, the historical source of East German psychiatric patient records has not been used to explore the collective of former POWs. In doing so, research omits the diversity that may have existed at the level of clinical practice which negotiated and was challenged by illness after war imprisonment. Resistance and counter-interpretations outside of the formal command structure remained possible, depending on local, social and institutional contexts. As Leuenberger (2007:191) argues, “clinical practice could constitute a niche in which practitioners could walk the fine line between dogma and dissidence.” Focusing on patient records from the historical archives of the Charité Berlin, this investigation thus asks the way in which psychiatric diagnostics delineated experiences of war, war imprisonment and return as part of a local history of postwar East Germany.

III. Methods

III.I Theoretical considerations

In an important moment in the historiography of modern medicine, Erwin Ackerknecht (1967) appealed for a “behaviorist approach in writing the history of medicine,” arguing for more critical analyses of what clinicians did, in addition to what they thought and wrote to enrich the historical analysis of biomedical ideas and medical activity. The historical source of the patient record challenges sharp distinctions between medical practice and writing. Patient records

constitute surviving documentation of interactions between attending doctors and their patients (Risse and Warner 1992:189). At the same time, the production of a patient's record may be regarded as a medical practice itself, and as such part of local clinical routines (Berg 1996:501). Following Ledebur (2011), the psychiatric patient record not only is the material outcome of recorded clinical reasoning and actions but also is an epistemological grid mediating clinical practice. The patient record therefore is heuristically valuable in both being a knowledge form in its own right, as well as being an integral part of medical practice itself; recording diagnostic procedures, medical reasoning, and administered therapies.

Against this backdrop, this investigation has particularly profited from the methodological argument made by Annemarie Mol (2002). In her ethnographic study, *The Body Multiple: Ontology in Medical practice* (2002), research was based on direct observation. The researcher was physically present in the clinic and observed physicians conducting X-rays, looking through the microscope, conducting thrombectomies, discussing and deliberating diagnostic findings and therapeutic regimes. The ontology of a particular disease thus determined, Mol (2002) argues, depends on the practices used by clinicians to diagnose it. Disease categories do not exist in and of themselves, but only through multiple situated practices and related technologies employed. These may include X-ray pictures, patient's interviews, or microscope findings, all forming a network within which the clinical body acquires its ontology. For instance, atherosclerosis as a specific histopathological entity is claimed as such, because a microscope has been used to visualize it. The visibility of disease depends on the technologies used to visualize it (Mol 2002:31). Practices of diagnosing and intervening are therefore reciprocal. It follows that a crucial part of clinical practice is to establish and coordinate a hierarchy of the multiple realities of disease that exist in relation to the network of different diagnostic practices used.

The patient record occupies a central role in this network of modern medical practice by coordinating, accumulating and ordering the different diagnostic practices used. With Ledebur (2011) this investigation differentiated between the patient folder, as a technology of primary clinical observation, and, included within, the patient record, as the patient's history structured by clinical narrative, constituting a technology of secondary clinical observation. The patient's folder thus constitutes a collecting device, containing the forms of different diagnostic results, graphs and tables during a patient's stay at the ward. Examples include documents as diverse as a patient's history, blood test results, electrocardiograms, laboratory requests, discharge summaries, insurance reports, and, occasionally, even personal letters, poems or drawings. Crucially therefore, patient files are a polyphonic historical resource. The patient folder

constitutes an important knowledge form in its own right, as contained documents have been selectively included and constitute an initial spatial representation of the clinical body and patient's trajectory. In turn, the patient record builds and expands on those collected forms of diagnostic results by coordinating them within a common clinical narrative. As a key example, David Armstrong (1988:217) has shown how the patient record has reconstituted disease as a process in time: "Before records, every patient, every 'contact', was a singular event (...) With the record card, however, which marked the temporal relationship of events, time becomes concatenated. Clinical problems were not simply located in a specific and immediate lesion but in a geography in which the past informed and pervaded the present." The patient record is thus central in the coordination of diverging diagnostics into a temporal and anatomical narrative of disease and its clinical bodies (Hunter 1993, Mattingly 1994). As such, it can be argued with Dutch sociologist Marc Berg (1996:500) that "since the creation of the representation involves the active work of ordering (...) it *is* in fact involved in the very event it represents. There is no neat temporal succession between the two: rather, the representation and represented are achieved simultaneously. No longer seen as passive mirrors, then, the productive role of representations is now a central concern in analysis." At the same time, a position of technological determinism should be cautioned against: this investigation endorses Latour (1994) to emphasize that rather than determining the bodies and diseases mapped by the patient record, they are mediated through it.

Central to this investigation, then, was the question of how investigated patient records mediated, shaped and negotiated disease in former POW patients at the psychiatric ward of the Charité Berlin. As a result, the record's selectiveness in documenting clinical routines becomes reflexive. By filing, combining and ordering the diverse medical practices through clinical narrative, the patient record allows studying the ways in which psychiatric disease among former POWs was visualized and coordinated at the Charité Berlin psychiatric ward. It crucially allows for the acknowledgement that before becoming integrated into one clinically acceptable version, there may have been multiple, and perhaps even competing versions, of a former POW patient's disease during the course of his stay at the psychiatric ward at the Charité Berlin. It follows that if different diagnostic practices allowed for different versions of psychiatric disease among former POWs, it becomes relevant to ask how and which one of these versions it was finally made to be in the selected patient records.

III.II Patient files from the Historische Psychiatriearchiv Charité Berlin, 1948-1956

In his comparative research on homecomings in East and West Germany after Second World War imprisonment, Biess (2006:93) criticized that little is known of former POWs' psychiatric disease and treatment in East Germany primarily because, he claimed, there is a lack of access to respective psychiatric patient records.

The archives of the Historische Psychiatrie Archiv der Charité (HPAC) thus presented a unique opportunity of accessing patient records of former POWs to address this shortcoming as part of a local history of psychiatric practice in postwar East Germany for the first time in publicized research. This investigation does not claim to speak for East Germany as a whole. Further, it does not rely on a dualistic understanding between the context of the Charité Berlin and East Germany as its societal frame. Instead, this investigation has found Strathern's (2005) concept of "partial connections" useful, which endorses the exploration of possible fractal, interrelations rather than adhering to traditional scales in which the local fits into a holistic social whole.

Allowing for an approximate 10 to 15% loss, the archive comprises an almost complete collection of all psychiatric patient records from the German *Reich* in 1880 until the final years of the GDR in 1976 of the psychiatric and neurological clinic of the Charité Berlin (Klöppel 2009:1). The archived patient records varyingly contain detailed clinical histories, therapy forms, admission certificates, discharge documents, letters dispatched to general physicians, official state letters, ego-documents such as pictures drawn, or postcards written to family members. The Charité Berlin was and continues to be one of the oldest and most prominent German psychiatric hospitals at the time. The archive's extensive collection renders possible the qualitative reconstruction of the psychiatric practices of one of the most important psychiatric hospitals within East Germany and the former GDR.

For this investigation, patient records were systematically selected from the years of 1948, 1949, 1950, and 1956. This timeframe, which includes the immediate postwar years and the later comparison of 1956, was deliberately chosen. It includes those years that witnessed the return of most of the former POWs to postwar East Germany (Wienand 2015), as well as those dates that marked the official beginning and end of their recorded return to Germany. Beginning in 1948, which was celebrated as "the year of the returnee" in the East German press, 1956 stands out as the year that marked the symbolic return of the last German POWs from Soviet war imprisonment (Wienand 2015:83).

The chosen time period also includes those years which received most media attention of wartime captivity and its returnees in divided Germany (Wienand 2015:24-30). The years of 1955 and 1956 in particular allow contrasting the considerably different official political narratives in West compared to East Germany. East German media responses principally focused on optimistic returnees converted as antifascists during their time as prisoners of war in the Soviet Union” (Wienand 2015:28-30), instantly setting out to build “a future for themselves and for their families with the same toughness that helped them to survive the horrors of the war.” (Biess 2006:91). Contrary to official- political representations, it was also a particularly visible period of both the immediate and continuing effects of war imprisonment on both physical and psychic health. The later postwar years of 1950 and 1956 particularly allow examining the way in which medical theorization of a quick overcoming of the pathological impact of war imprisonment were challenged and negotiated through former POW patient records at the Charité Berlin.

Within the archive, patient files were ordered according to years of admittance, with as many as possible stacked together within large, dusty paper boxes. The archive possesses an additional chronicle book, documenting all admitted patients according name, date of birth, length of stay, diagnosis and year of admittance. A single unifying diagnosis for psychiatric illness after traumatic experience, and especially, war imprisonment, was not employed at the time in East Germany. Hence, it was not possible to pre-select relevant patient files according to their diagnoses. The cover of each patient file within the archive details a patient’s name, date of birth, address, former profession, religion, marital status, duration of stay and received medical diagnoses. Selecting patients who were recorded as soldiers was thus considered as another possible method for procuring relevant patient files for this investigation. However, most patients were forcibly conscripted as soldiers within the final years of the Second World War and continued to be recorded according to their original occupation within the archive, thus rendering this option unfeasible, too. As a result, all patient files from the years of 1948, 1949, 1950 and 1956 were systematically inspected using the following selection criteria: male gender, documented history as prisoner of war during the Second World War and admittance to the adult psychiatric ward at the Charité Berlin. To do so, each file had to be read completely, analysing the patient’s history and other records for evidence of the selection criteria above. Therefore, of 1,391 thus systematically read patient files, a total of 79 were finally selected. Since each of the 1.391 files had to be read completely, this investigation also came across those patient records which recorded the patient’s service within the German army during the Second

World War, but not his additional war imprisonment. In the initial research proposal of this dissertation, a comparison of the way in which documented patients' descriptions of war versus war imprisonment and their perceived impact differed was suggested as a possible research question. Envisaged as a supplementary comparison of the way in which clinical description and association with (long-term) consequences of war involvement as a soldier versus war imprisonment might differ, an additional sample of eighty patient files were randomly chosen among those 1.391 patient files which only recorded service in the army without war imprisonment. Importantly, however, for the final version of the published article (Schöhl, Hess, 2019) detailed below and counting towards this dissertation, this additional sample was not systematically included. This was due to the extensive range and depth of analysis of the sample of POW patient records alone. It thus remains part only of the initial, preliminary data collection. Nevertheless, this sample might constitute a vantage point for future comparative research building upon this dissertation.

There was a notable difference between the material that constituted the selected patient records over the selected time period. During the immediate postwar years, the paper used was vulnerable and brittle to touch. Often it proved to be the backside of an information leaflet or discarded form, likely due to the considerable shortage of supplies at the time (Eghigian 2002). Moreover, the records from those early years were often tied together in a makeshift way, using disparately coloured strings of wool. Beginning in 1949, and certainly from 1950 onwards, such evidence of material shortage started to disappear. The records' paper and binding techniques proved sturdier and less provisionally assorted. Moreover, not only the material structure, but also the scope of the records' content changed accordingly. As paper space became less rationed, clinical notes and patient histories notably expanded in detail and length from the 1950s onward. Improved material supplies of paper thus also meant the spatial expansion of patients' clinical narratives.

Returning POWs constituted a large and heterogenous social group in both German postwar states. At the same time, they also presented an important subsection within both postwar German societies, both regarding their respective political narratives as well as to the medical discussion of (psychiatric) illness after war captivity (Biess 2006). Rather than analysing selected patient records using a statistical or quantitatively representative method, this investigation was based on a qualitative research strategy. This approach was chosen due to its heuristic value in capturing the nuances of POWs' different life histories as well as in

understanding the diverging medical and lay interpretation of, as well as the social meaning given to, former POWs' illness. Selected patient records were thereby analysed using a methodology informed by close reading, content analysis (Mayring 2019) and narrative analysis (Mattingly 1994, Hunter 1994). Selected patient records were consistently labeled with the patient's name initials and organized chronically according to the year documented. This investigation then proceeded with conducting multiple, iterative readings of each of the selected patient records. Throughout, data analysis strategies of categorizing and connecting strategies were used to generate themes or categories of the selected material, whilst a reflexive reading of secondary literature as well as the evaluation of the text passages occurred throughout the entire research process.

The reading of the material was based on a two-tiered approach. The first focused on the structure of the patient file. In which way did the specific organization of diagnostics within the patient file create a specific anatomy of psychiatric disease after war imprisonment? Further, which diagnostics, if any, showed evidence of the consequences of war imprisonment upon the patients' bodies and minds? Did the structuring of the patient files establish a hierarchy between different and perhaps also opposing diagnostic results? The second approach focused on a content-based analysis of the records comprising the patient file. The first reading of each selected patient record began with an "unstructured" reading strategy to attain an overarching sense of the context and contents of the documents making up each patient record, uninterrupted as yet by any previously devised themes assigning meaning to the text. This initial reading was then followed by second, primarily inductive reading which paid particular attention to themes and patterns. These included illness complaints experienced by the patient and documented symptoms by the attending physician, the way in which these were ascribed to a particular anatomy of the patient's body and mind, and the alleged etiology of disease both, and often disparately, documented in the patient's and doctor's terms. I particularly gave attention to the question of which role was accorded to war imprisonment in a patient's (disease) biography.

This analysis was complemented by a deductive reading strategy. The chosen timeframe is particularly suited to investigate intersections between the narratives of the patient records and, both as part of, and distinct from, the official political narratives concerning former POWs of postwar East Germany. This investigation thus especially looked for evidence of partial connections (Strathern 2005) between clinical narratives of disease and the concept of official-political transformation narratives (Wienand 2015), which re-told (Soviet) war imprisonment as a successful transition towards becoming a socialist citizen. To do so, each patient record was analyzed not only according to the parts divided into, but also as coherent whole. Particular

attention was thereby given to the way in which the (narrative) structure of the patient record coordinated diverging medical diagnostics into a single version of psychiatric disease among former POWs at the Charité Berlin.

Each reading was informed and followed by iteratively excerpting, organizing and labeling those textual passages deemed relevant, particularly giving attention to similarities as well as variations within emerging themes and concepts. To do so, I adopted a flexible approach of ascribing entire paragraphs and sentences at a time to one fitted theme. This process of labeling was thus understood both as an inductive and deductive process, constituting a means of description as well as assigning meaning or an analytical idea to the text passages excerpted. As such, a list of labels prior to collecting data from the conceptual framework and research questions included: Diagnoses upon admission, patient characterization and biography, dates of war combat and war imprisonment, place of war imprisonment, patient's accounts of war imprisonment, disease etiologies ascribed to patients' as well as clinicians' own evaluation, etiological significance accorded to war imprisonment both as ascribed to patients' as well as clinicians' own evaluation, and intersections with official-political narratives explaining former POWs psychiatric illness. Those themes were then synthesized in a table-based data display for each patient record selected and comparatively analysed against each other, as shown below (Table 1).

Table 1 Emblematic data display for patient record HPAC Nr. 102 /48M

	6a
Beruf	Schuhmacher
Alter	21
Sozialer Status	ledig
Zeitraum	17.2-15.3.48; 19.3-27.3.48
Diagnose	Psychogene Reaktion
Durch wen eingeliefert?	In Begleitung seiner Eltern,
Kriegsgefangenschaft	März 1945-Oktob 1945, französische Kriegsgefangenschaft
Kriegsdienst	Soldat Schütze, Januar 1943-45
Hauptsymptom	Krampfanfälle, fraglich epileptisch
Nebensymptom	
Ätiologie Patient	„Im August 1945 in der französischen Gefangenschaft sei es ihm bei der Arbeit während großer Hitze plötzlich übel geworden, vor den Augen sei es ihm schwarz geworden und das Herz habe angefangen rasch und laut zu schlagen. Er sei zu Boden gestürzt und erst nach etwa einer Stunde im Lazarett wieder zu sich gekommen. Seine Kameraden hätten ihm erzählt, dass er „Krampfe“ gehabt hätte. Diese Anfälle hätten sich im Lager alle 4 Wochen wiederholt. Zungenbisse habe er nie gehabt, auch habe er nie Wasser oder Stuhl unter sich gelassen. Ende Okt 45 sei er nach Hause entlassen worden. Unterwegs habe er einen Anfall bekommen und sei daher in die Nervenklinik in Marburg eingeliefert worden, wo er bis Anfg. Nov. Gelegen habe. Dort habe er jede Woche 2-3 Krampfanfälle mitgemacht, doch habe er sich damals stets rechtzeitig auf ein Sofa legen können. Man habe ihm gesagt, dass er ein „Herzventilationsepilepsie“ hätte, er sei mit Luminal und Cardiazol behandelt worden.

	<p>Mitte Nov 45 sei er nach Berlin gekommen. Hier habe er alle 4 Wochen seine Anfälle bekommen. März 46 habe er wieder als Schuhmacher zu arbeiten begonnen. Die Anfälle hätten sich in dieser Zeit nicht vermehrt. Er habe sie immer rechtzeitig bemerkt. Zuerst sei ein Kribbeln wie „Elektrizität“ in den Händen aufgetreten, das schließlich im ganzen Körper sich verbreite, das Herz finge schneller an zu schlagen, es würde ihm schwarz vor den Augen, er fühle sich ängstlich und unruhig und stürze dann lautlos zu Boden. Die Hände habe er zusammengeballt und die Arme und Beine zitterten, ohne dabei größere Bewegungen auszuführen. Kopfschmerzen habe er nie gehabt. August 47 habe er wegen einer Lymphangitis der rechten Hand 8 Wochen in der Charité gelegen. Am 5.1.48 sei er auf dem Gehsteig von einem Lastkraftwagen, den ein betrunkenen Fahrer lenkte, von hinten angefahren worden. Er sei sofort bewusstlos gewesen und erst 2 Stunden später im Hedwigskrankenhaus wieder aufgewacht. Er habe dort mit einer Gehirnerschütterung und einem Bruch des Hinterhaupt Knochens rechts bis 30.1.48 gelegen. Er habe fast täglich Anfälle gehabt. Die Krämpfe seien heftiger geworden, er habe mit dem Kopf und den Beinen starke ausladende Bewegungen gemacht, sei hinterher sehr zerschlagen, könne eine Weile gar nicht sprechen, erkenne die Umgebung nicht und habe starke Kopfschmerzen bis 2 oder 3 Stunden später. Die Anfälle hätten früher nur 20 min gedauert, jetzt bis zu einer halben Stunde. Auch zu Hause seien die Krämpfe tgl. eingetreten in der geschilderten Heftigkeit. Die Vorboten des Anfalls kämen jetzt so kurz vorher, dass er selbst keine Gelegenheit habe, sich gegen sie zu schützen. Vor 8 Tagen habe er von seiner behandelnden Ärztin eine Flasche Mixt.nervina erhalten. Diese Medizin habe gut geholfen, denn nun seien die Anfälle nur jeden 2.-3. Tage gekommen. Von dem Amtsarzt in Berlin Mitte sei er 40% arbeitsbeschränkt geschrieben worden. Vom Hedwigskrankenhaus sei er wegen der Krämpfe in die Nervenklinik überwiesen worden. Sein Schlaf sei gut, der Appetit lasse zu wünschen übrig, Blase und Urin seien in Ordnung. Geschlechtskrank sei er nie gewesen.“</p>
Ätiologie Angehörige	<p>Vater & Pflegemutter: „Er habe noch ein Landjahr mitmachen müssen. Sei noch Soldat geworden, habe an einem Bein angeblich eine Verwundung davongetragen. Anfang 1946 sei er aus Gefangenschaft zurückgekehrt. Damals habe er schon Anfälle gehabt. Vorher sei nie etwas derartiges beobachtet worden. Auch von einer Gehirnerschütterung 1937, wie er angegeben habe, sei nichts bekannt. Schon beim Militär sei er mitunter, angeblich nach starken Anstrengungen, umgefallen. Auf dem Heimweg aus der Gefangenschaft sei er wegen eines Anfalls in die Klinik Marburg gebracht worden. Dort sei er erst wieder zur Besinnung gekommen. Zuhause habe er zunächst seltener, in etwa 4 wöchigen Abständen ein bis 2 Anfälle bekommen. Diese habe er stets vorher bemerkt. Er habe sich plötzlich schlecht gefühlt. Sei blass im Gesicht geworden, ohne Schweißausbruch, habe sich immer rechtzeitig hinsetzen können. Er klagt über Übelkeit. Er liege dann besinnungslos ganz ruhig da, jedenfalls sei es früher so verlaufen. Die Augen seien geschlossen gewesen. Nach einigen Minuten sei er wieder zu sich gekommen.“</p>
Vorerkrankungen	
Familie Vorerkrankungen	keine psychiatrischen Vorerkrankungen
Charakter/ Persönlichkeit eigene	<p>„Als Kind habe er Masern und Parotitis epidem. Gehabt. Sonst sei er nie krank gewesen. Vom 6.-14. Jahr sei er in die Volksschule gegangen. Einmal sei er sitzen geblieben. Er sei durch eine Krankheit, deren Namen er nicht mehr wisse (Fieber?!) ein halbes Jahr bettlägerig gewesen und dann in der Schule nicht mehr mitgekommen. Er sei ein mittelmäßiger Schüler gewesen. Nach der Schule habe er erst ein Jahr lang auf dem Land gearbeitet und sei anschließend bei einem Schuhmacher in die Lehre gegangen. Jan. 43 habe er mit Fieber einige Wochen im Krankenhaus gelegen. 2 Tage nach seiner Entlassung sei er zum Militär als Schütze DU eingezogen worden. Warum er DU gewesen sei, wisse er nicht. Er habe aber ein halbes Jahr lang Zusatzverpflegung erhalten. Ende 43 sei er wegen eines Hautausschlages 14 Tage im Lazarett behandelt worden. Er habe alle Strapazen des Krieges gut vertragen und sei mehrmals im Einsatz gewesen. März 45 sei er in amerikanische Gefangenschaft gefallen und an den Franzosen ausgeliefert worden.</p> <p>In der Schule habe er mit seinen Kameraden gern gespielt, er habe sich nie zurückgezogen, Auch später habe er sich gut mit allen vertragen, sei immer lebenslustig gewesen, auch heute noch, „Er lasse sich nicht so schnell unterkriegen.““</p>

Charakterisierung/ Persönlichkeit (Fremdanamnese)	<p>Vater & Pflegemutter (Fr. Manke): „Der Pat sei das einzige Kind des Ref. Er sei von der Mutter des Pat geschieden, sei 5 Jahre mit ihr verheiratet gewesen. Die Ehefrau des Ref sei ganz gesund gewesen. Keine besonderen Erkrankungen in der Familie bekannt. Sie sei Näherin gewesen. Sei geistig ganz rege gewesen. In der Familie des Ref seien auch keine besonderen Krankheiten aufgetreten. Insbesondere keine Krampfanfälle. Ref. Sei selbst gesund, Maurer von Beruf. Alkoholabusus des Ref. Wird negiert. Der Pat sei ganz normal geboren worden. Habe rechtzeitig sprechen und laufen gelernt. Habe sich ganz regelrecht entwickelt. Sei etwas weichlich gewesen, empfindsam. In der Volksschule durchschnittlich gelernt. Als Kind keine besonderen Krankheiten durchgemacht. Im Alter von 8 Jahren sei er von einer Bekannten miterzogen worden mit deren Kind. Nach der Schule habe er angefangen Schuhmacher zu lernen. Dann sei der Krieg dazwischengekommen. Er habe noch ein Landjahr mitmachen müssen. Sei noch Soldat geworden, habe an einem Bein angeblich eine Verwundung davongetragen. Anfang 1946 sei er aus Gefangenschaft zurückgekehrt. Damals habe er schon Anfälle gehabt. Vorher sei nie etwas derartiges beobachtet worden. Auch von einer Gehirnerschütterung 1937, wie er angegeben habe, sei nichts bekannt. Schon beim Militär sei er mitunter, angeblich auch starken Anstrengungen, umgefallen. Auf dem Heimweg aus der Gefangenschaft sei er wegen eines Anfalls in die Klinik Marburg gebracht worden. Dort sei er erst wieder zur Besinnung gekommen. Zuhause habe er zunächst seltener, in etwa 4 wöchigen Abständen ein bis 2 Anfälle bekommen. Diese habe er stets vorher bemerkt. Er habe sich plötzlich schlecht gefühlt. Sei blass im Gesicht geworden, ohne Schweißausbruch, habe sich immer rechtzeitig hinsetzen können. Er klage über Übelkeit. Er liege dann besinnungslos ganz ruhig da, jedenfalls sei es früher so verlaufen. Die Augen seien geschlossen gewesen. Nach einigen Minuten sei er wieder zu sich gekommen.“</p>
Status präsens Arzt	<p>„Pat ist zeitlich und örtlich orientiert. Die Affektivität ist ausgeglichen. Die Reaktionsfähigkeit ist normal. Gedächtnis und Merkfähigkeit sind nicht merklich herabgesetzt. Intelligenz dem Milieu entsprechend durchschnittlich. ... Eine gewisse Pedanterie oder Klebrigkeit, Schwerfälligkeit oder Zerfahrenheit ist nicht bemerkbar. Es fällt auf, dass der Pat bei betontem Sprechen manchmal die Augen soweit öffnet, dass die Weiße Konjunctiva über den Pupillen zu sehen ist.“</p>
Verlauf Ätiologie Arzt	<p>„1.3.48: Der Blutstatus war normal, die Senkung nicht beschleunigt, der Urin ohne patholog. Veränderungen. Die Luetischen Nebenreaktionen im Blut negativ. Die Schädelübersichtsaufnahme ergab nichts wesentliches. 8.3.48: Bei der fachärztlichen internistischen Untersuchung wurden bei dem Pat durchaus hyperthyreotische Züge gefunden. Zur Klärung soll er einige Tage zwecks Grundumsatzbestimmung in die Medizin. Klinik aufgenommen werden. 19.3.48 : Pat hatte bis jetzt 3 Anfälle, die als rein psychogene Reaktionen von dem beobachtenden Arzt und dem Pfleger beschrieben wurde. Der Pat macht selbst auf das Nahen des Anfalls aufmerksam. Er wirft sich demonstrativ im Bett hin und her. Er kann von dem Beobachter während des Anfalls aus dem Bett gezogen werden, ohne umzufallen. Er sagte sogar, „lassen sie mich doch, das geht doch nicht.“ Bei Beendigung des Anfalls meinte er „So, nun ist es vorüber.“ Die Erinnerung an den Anfall bleibt vorhanden. ... 25.3.48: Der Grundumsatz betrug – 2% 27.3.48: Pat wird heute entlassen. Neue Anfälle wurden nicht beobachtet. Er fühlt sich psychisch und körperlich wohl.“</p>
Therapie	
Politische Dimension?/ Überschneidung mit Narrativen der Transformation	
Gutachten	
Bemerkungen	

Not all labels consistently mapped onto every patient record with respective text excerpts. Whilst certain aspects such as the patient's childhood and social development could be consistently relied upon to be documented for entire paragraphs within each record, the subject of war imprisonment received varying degrees of attention. Often, war imprisonment, even when documented in the initial patient history, was not included in the final discharge documents detailing the etiology of the respective patient's disease.

III.III Contemporary Scientific Literature

In addition to selected patient records, the East German periodical "Psychiatrie, Neurologie und Medizinische Psychologie" was searched for complimenting publications. After the Second World War, all medical associations or research groups had been dissolved by the Allied powers in the Eastern occupation zone until May 1947. Contrary to West Germany, East Germany did not then possess an independent medical journal during the early postwar years. Founded in 1949, it was devised as a scientific publication that could compete with the journal "Der Nervenarzt", published in the American occupation zone since 1947 (Teitge & Kumbier 2018:205). The journal continued to be published during the entire time period of the GDR and remained the only one for the subject of psychiatry and neurology. However, despite its founding aspirations, its influence was largely circumscribed to the GDR and its international recognition remained negligible (Teitge & Kumbier 2018:218). Teitge and Kumbier (2018) emphasize a significant degree of political influence, most visible in the choice of staff that comprised the journal's editorial board who were members both of the scientific community as well as part of SED-state politics. It was particularly during the years from 1950 until 1960 that the journal's content was most discernibly influenced by the SED-determined prerogative that Pavlovian theory should be used as a guiding paradigm for all scientific research within the natural sciences (Teitge & Kumbier 2018).

This investigation surveyed all publications from 1949 until 1960, systematically selecting those articles which mentioned war, war imprisonment or psychological trauma within their text. I also followed up relevant citations of other publications mentioned within respective articles.

III.IV Personal Share in the Investigation

I, Stephanie Schöhl, have been responsible for the formulation of the research proposal and its initial methodological outline. I have further been solely responsible for the determination of selection criteria, as well as the subsequent inspection, gathering and organizing of respective

patient records from the archives of the Historische Psychiatrie Archiv Charité Berlin. Further refinement of the methodological approach has been shared equally with Prof. Dr. Volker Hess. Guided by regular, approximately every two to three months, consultations with Prof. Dr. Volker Hess, I have also been supported with regards to further secondary literature and regarding the critical interpretation of the data gathered, the process of which I have s been mainly responsible. I have mainly been responsible for the analysis of gathered data and the revision of the final version of my publication.

IV. Limitations

Having chosen a qualitative methodology based on narrative and content analysis, the results of this investigation necessarily cannot be assumed to be statistically representative, nor can they be assumed to stand for postwar East Germany as a whole.

The generalizability of this study has been limited to and by the selected dates of 1948 until 1950, and 1956. Including those years during which returning POWs received most official media attention within the GDR, the selected dates may both be uniquely suited for an exploration of partial connections (Strathern 2005) with official-political narratives, as well as having inadvertently produced a confirmation bias. The years of 1951-1955 or indeed after 1956 may have led to a different interpretation of clinical narratives, perhaps also showing evidence of the emergence of challenging clinical interpretation of war imprisonment and its (longterm) pathological impacts.

An additional comparison using the initially randomly selected patient records of former veterans-only patients of the same time frame might have additionally been heuristically valuable. In particular, it might further hone the differences as well as similarities between the clinical narratives of former POWs and those only claiming service within the Wehrmacht during the Second World War.

Further, this study focused on former POWs identified with male gender. The Wehrmacht employed not only men: a considerable number of women were occupied as “Wehrmachtshelferinnen,” who may also have been exposed to combat situations (Förster & Beck 2003:25). However, research on following psychiatric treatment is scant, the reasons for which may be manifold but one of which probably being that women did not classify as ‘Prisoner of War’ in official statutes (Förster & Beck 2003:26-27) and are thus difficult to identify as former soldiers in patient records. The cessation of the bombing and combat did not terminate experiences of suffering and pain: The winter of 1944-45 also saw the occurrence of mass rape, particularly in the eastern regions of Germany. A comparative analysis of female

patients as former veterans would be instructive in exploring the intersection of gender with clinical narratives of disease after war captivity. Indeed, such a comparison might also highlight alternative war-time related experiences associated with (long term) consequences within the collective of specifically female psychiatric patients at the Charité Berlin. Finally, this study cannot claim to hold generalizable results for East German society and psychiatry as a whole. By focusing on patient records at the psychiatric ward of the Charité Berlin it is necessarily local.

V. Results and Discussion

As underlined in the previous paragraph, this investigation was based on qualitative methods of close reading, content and narrative analysis. Table 1 and 2 were additionally developed as to systematically represent selected characteristics of former prisoners of war at the Charité psychiatric war. Table 2 and 3 have been published in Schöhl, S., Hess, V. (2019). War imprisonment and Clinical Narratives of Psychiatric Illness, Psychiatric Hospital Charité Berlin, 1948 - 1956. *Journal of the History of Medicine and Allied Sciences*, 74(2), 145-166. This is supporting material and additionally constructive in helping to understand the breadth of clinical interpretation of disease of war imprisonment.

Table 2 Proportion of former POWs among psychiatric patients at the psychiatric war, Charité Berlin, 1948 – 1956 (n=79), (Schöhl, Hess 2009:150)

Year	1948	1949	1950	1956
Patient files in total	360	370	345	316
Recorded war imprisonment in patient history, total numbers (%)	21 (5,8)	14 (6,9)	20 (6,3)	20 (6,3)

Table 3 Official admission diagnoses of former POW patient files (n=79) at the psychiatric war of the Charité Berlin hospital, 1948 – 1956 (Schöhl, Hess 2019:152)

Year	1948	1949	1950	1956
Official admission diagnosis	Psychopathy (14) Depressive reaction (2) Depressive disease (1) Psychogenic reaction (1) Schizophrenia (1) Nervous Illness (1) Traumatic effect (1) Pension neurosis (1)	Psychopathy (5) Depressive reaction (3) Schizophrenia (2) Morphinism (2) Reactive depression (1) Depression (1) Psychogenic reaction (1) Cerebral process (1) Pension neurosis (1)	Psychopathy (5) Schizophrenia (5) Depressive reaction (3) Abnormal reaction (3) Psychopathic personality (2) Symptomatic psychosis (1) Psychogenic paraparesis (1) Psychogenic reaction (1) Hysterical blindness (1) Vegetative dystonia (1) Not mentally ill (1) Depressive constitution (1) Pension neurosis (1)	Psychopathy (2) Reactive depression (5) Not mentally ill (2) Hysterical reaction (1) Depression (1) Hypochondriac psychopathy (1) Neurasthenic syndrome (1) Hypochondriac depression (1) Endogenous depression (1) Pre-senile depression (1) Paraphrenia (1) Schizophrenia (1) Hypochondriac development (1) Depressive-hypochondriac state with constitutional Psychasthenia (1) Mild nervous exhaustion with lack of organic nervous disease (1) Pension neurosis (1)

V.I Diagnoses received by former POW patients

Several works have highlighted the importance of returning POWs after the Second World War to the publicly visible consequences of war and effects of malnutrition and hard labour on long-term health in Germany. Hundreds of returnees from the Soviet Union were reported to have died within weeks of their return from exhaustion and illness in 1946 (Biess 2006:71). Of those who returned in November 1947, the majority appeared malnourished, only 7 percent were regarded as able for work, at least 30 percent demonstrated water edema and several infectious diseases such as tuberculosis, malaria and typhus proved endemic (Biess 2006:71). Among those more established medical diagnoses were also contemporary efforts of trying to capture this pathology as a particular combination of exhaustion, malnourishment and infectious disease, giving rise to postwar terms such as “dystrophy” or “dystony” (Goltermann 2009:212).

Dystrophy, as the most commonly used diagnostic term, was introduced into the diagnostic repository of the psychiatric profession after the Second World War and was reportedly adopted from the Russian language (Biess 2006:71).

By comparison, the recorded diagnoses of former POW patients at the Charité Berlin psychiatric ward were numerous and even further multiplied over the years investigated. The most frequently used terms included depression, schizophrenia, psychopathy, and, occasionally, hysteria. Comparing the records belonging to the year of 1956 to the early postwar years investigated, diagnoses recorded on the cover of the patient records also notably grew lengthier and more descriptive, perhaps as a reflection of growing medical uncertainty or acknowledgment of etiological complexity regarding persisting symptoms among former POW patients (Schöhl, Hess 2019:153-154). Moreover, among those diagnostic terms used, the Charité Berlin psychiatric patient records noticeably did not document such diagnoses employed to specifically describe the pathological effects of malnutrition, exertion, infections and trying living standards of war imprisonment in postwar Germany. Although also drawing on the First World War research on “barbed wire disease” by Swiss physician Ernst Vischer, the conception of dystrophy itself did not exclusively originate with the medical observations made among former prisoners of war (Biess 2006:71).

As early as 1945, European psychiatrists and physicians began to investigate possible adverse influences on physical and psychological health both among former concentration camp survivors as well as returning POWs. Several studies attested to various physical damages, including edema, malnutrition, elevated liver enzymes and cardiovascular disease (Biess 2006:71). One of the earliest published research on psychiatric illness includes a study conducted in 1946 by French psychiatrist Eugene Minkowski (1946) who identified an “emotional anaesthesia” among former concentration camp victims as a distinguishing psychological impact. Despite including individuals of different nationalities, sex, age and social stratification, common symptoms of exhaustion, apathy, depression, emotional hyperaesthesia, inability to concentrate and anxiety were found to characterize this otherwise highly disparate collective and should be regarded as distinct from any hitherto known forms of neurosis (Venzlaff 2005). In 1950, this argument was further supported by French psychiatrist René Targowla (1950:223) who argued for a specific “syndrome of asthenia of the deported,” primarily characterized by an all-encompassing exhaustion of both mental and physical prowess. Danish neurologists Paul Thygessen (1955:41-71) and Knud Hermann (1955:21-29) even concluded upon the existence of a specific “Concentration camp syndrome”,

thereby summarizing their observations of former captives from 1948 until 1953. At the same time, nutrition experiments conducted by German physician and member of the SS, Ernst Günther Schenck (1904-1998), among the captives of the concentration camp Mauthausen 1943-44 (Elsner 2010) elaborately detailed the effects of deliberately induced long-term malnutrition on both physical and psychic health. Similarly, physician Heinrich Berning published his study of “dystrophy” in 1949 by drawing on starvation experiments made among Soviet POWs in German concentration camps (Biess 2006:74). After 1945, the medical subjects of concentration camp captives and former prisoners of war intersected when Schenck dismissed the lethality of the Nazi Holocaust in favor of the pathological effects of malnutrition among former POWs, especially of those returning from Soviet camps. Rehabilitating himself in post-war West Germany (Elsner 2010), he emphasized the suffering of former POWs in several epidemiological studies, particularly among those returning from the Soviet Union and claimed a comparatively high percentage of rheumatic, cardiovascular and elevated morbidity compared to the German population (Schenck 1995). Medical claims forcibly acquired using former captives of concentration camps were thus often set equal to those of (Soviet) war imprisonment camps, despite early calls among psychiatrists to differentiate between both groups (Goltermann 2009:201). Perhaps just in passing it is appropriate to wonder with Biess (2006) whether dystrophy might equal what today is understood as “post-traumatic stress disorder” but was not available as an established diagnostic category until the 1980s (Kloocke Schmiedebach & Priebe, 2005). True, many of the symptoms described by West German psychiatrists and doctors overlap with contemporary definitions of PTSD, in particular an “atrophy in the psychological capacities” which Venzlaff (2005) identified as core to different imprisonment experiences among Holocaust survivors and former POWs. However, despite those similarities, identifying dystrophy arguably is of limited heuristic value: Most importantly, it conceals the historical particularity of scientific definitions and explanations. As Biess (2006:73) states, trauma, if this relatively modern term is to be granted, “does not represent a timeless fact with a clearly discernable ‘psycho-biological’ essence”, rather, it is a “historical product, glued together by the practices, technologies, and narratives with which it is diagnosed, studied, treated, and represented and by the various interests, institutions, and moral arguments that mobilized these efforts and resources.” (Young 1995)

Several patient records investigated were signed with the printed name of attending physician Dietfried Müller-Hegemann. In his work “Moderne Nervosität” (1959:68-9), he decidedly criticized efforts to establish a diagnosis associated with war imprisonment, such as the term of dystonia. In his view, it lacked the specificity and scientific grounding to be accorded the status

of a genuine diagnosis, wrongly assuming frailty of the human mind in the face of traumatic circumstances when there should rightly be recognition of its resilience:

“Not us, but our colleagues 125 years ago have been mistaken, when claiming the pathological effects of driving at top speed when the first train proceeded from Nuremberg to Fürth. ... Those colleagues were therefore mistaken regarding the power of the human nervous system and other organs, and one cannot claim that similar misconceptions have been entirely dispersed to date. Otherwise, it would not have been possible that thousands of cases have been identified with the “diagnosis” of “vegetative dystony”, even though that description has never attained the significance of a medical diagnosis” (Author’s own translation). Müller-Hegemann (1959:70) decisively emphasized that concerned patients would be much better “supported by nurturing and strengthening their ‘health conscience’, which is the best protection against the overrating of minor nervous impairments.”

This investigation was not primarily devised for an analysis of individual actors. Yet, the recurring name of Dietfried Müller-Hegemann, printed on the final page of several of the records, was noteworthy and should not be omitted. This investigation thus also contributes to an analysis of the early occupational postwar years of one of the main medical protagonists of psychiatry and psychotherapy in East Germany until the 1960s. Born in 1910, Müller-Hegemann was politically active as a young adult within the communist Youth association, and later as a member of the Kommunistische Partei Deutschlands (KPD), associated with resistance activism in Nazi Germany. From 1936 until 1943 he was initially part of the research unit of psychoanalysis headed by Harald Schultz-Hencke at the German Institute of Psychological Research and Psychotherapy in Berlin, as well as assistant at the psychiatric ward of Charité Berlin from 1937 onwards (Steinberg 2018:79). Notably, not only did he take part in the Second World War as military physician at the Eastern battlefield from 1940 – 1941 but was also caught as prisoner of war himself and came to lead one of the Antifascist school establishments until his return in October 1948 (Steinberg 2018:79). In 1951 he habilitated at Berlin under Rudolf Thiele on the topic of psychotherapy of schizophrenia, and consecutively began his publishing career trying to ground psychotherapy within Pavlovian theory (Steinberg 2018:79). Witnessing a steep career during the early post-war years, Müller-Hegemann was distinguished as the author of the main East German textbook on psychotherapy (Steinberg 2018), as well as editor of the main East German periodical “Psychiatrie, Neurologie und medizinische Psychologie” von 1959 onwards. Further, he was also substantially involved in East German health politics as intermittent head of science within the ministry of health, member of local parliament in Leipzig as well as member of the SED-district leadership Leipzig

from 1952 to 1954 (Kumbier & Teitge 2018, Steinberg 2018, 2020). As Steinberg (2018) argues, he was central to the establishment of Pavlovism in clinical psychiatry as the preferred ideological stance mandated by the SED-led state. Given his background as longstanding member of the communist party, Nazi resistance activist and Soviet-schooled Antifa member, the state secretary of university education stated in an internal document to the central committee of the SED: “Müller-Hegemann ... belongs to our progressively politically active scientific recruits ... it is to be particularly emphasized that he understands that Soviet science is to be foregrounded in his work.” (Author’s own translation, Bundesarchiv Berlin. DR 3, Ministerium für Hoch- und Fachschulwesen, Berufungsakten, B 15124, In: Steinberg 2018:82). At the same time, his person remains deeply ambiguous: Steinberg (2018:83) questions whether Müller-Hegemann ever truly embraced Pavlovian theory or whether he primarily used it as a steppingstone for his career within the GDR. In 1955, he irritated party officials by publishing a volume which argued against official Pavlovian theory that the prototypical German fascist was a result of a unique personality structure determined by fear, aggression, social anxiety and a propensity to “act” (Steinberg 2018:83). German fascist dictatorship, according to Müller-Hegemann, was not the result of economic conditioning, but due to a lack of resistance of the masses to psychopaths who concentrated their fear and aggression onto concepts of the “subhuman” or “inferior” (Steinberg 2018). Ultimately, the ensuing, politically driven decline of his career culminated in his emigration to West Germany in 1971. Süß (1998) has persuasively argued that the institution of psychiatry was not systematically used for persecution political opponents within the GDR. Correspondingly, although Müller-Hegemann was deemed as an “enemy of the state” at the end of the 1950s by the SED, Steinberg (2020) has argued that he was only ever “listlessly” surveilled by state security. As Ash (1995:905) contends, even under SED-jurisdiction, the relationship between science and politics is not adequately captured by terms such as subjugation or employment. Rather, the important question „is not just whether science and scientists were able to keep their autonomy within a dictatorship, but which justifications and to which prize these were (...) attained, and which kind of scientific structure was created as a result” (Ash 1997:6). This analysis thus investigated how received diagnoses were constructed, as well as the way in which medical argumentation related to official debates of war and war imprisonment. In this respect, both the rhetoric of the patient file as well as its argumentative structuring were of interest. Selected psychiatric patient records were used to establish those techniques of observation employed by psychiatrists’ descriptions of former POW patients and their symptoms. Analysing competing etiologies in

the psychiatric reading of POWs' symptoms, the article discerned the varying dimensions of meaning ascribed to POWs' psychiatric pathologies at the Charité Berlin.

V.II Political contingencies of POW patient diagnostics

Using patient records as its primary source, this investigation found that psychiatric assessment of former POWs in postwar East Germany was subject to a shift in etiological paradigms. Concepts of heredity or endogenous disposition dominated Charité patient histories which did not include documented war imprisonment. Contrastingly, these competed with an interpretation of POWs' psychiatric pathologies primarily due to postwar repatriation difficulties. Intersecting with official-political debates at the time, reviewed medical records "habitually explained mental illness among former POW patients by linking symptoms to postwar readjustment difficulties" (Schöhl, Hess 2019:159). Explanation of illness among former POWs as a result of difficulties encountered during social re-assimilation was consistent across reviewed patient files. However, this was not the only common explanatory framework for former POWs' illnesses. "Clinical explanations also showed parallels with official SED-led debates that stressed the specifically political origin of psychiatric illness among former POWs." (Schöhl, Hess 2019:159). "Anxieties caused by denazification policies featured heavily within surveyed patient records," records' discharge summaries often documented former POWs' psychiatric illnesses as "a conflict between patients' war-time National Socialist self and postwar political expectations" (Schöhl, Hess 2019:160). "Thus, it was not the content of war-time experiences as such, but rather their incompatibility with postwar society [...] that needed to be solved therapeutically" (Schöhl, Hess 2019:160-1). The sparing use of diagnostic terms specifically associated with (war) imprisonment among the investigated patient records of the Charité Berlin psychiatric ward may also intersect with research highlighting official-political East German efforts not to accord physical or psychic illness after war imprisonment with a distinctive disease entity. Argued by Wienand (2009) and Biess (2006), war imprisonment and implicitly associated hardships were officially viewed as an opportunity for (political) transformation, whose impact on health would, if at all, be short-term.

V.III Mapping consequences of war-imprisonment onto patients' bodies

This investigation shed light how experiences of war and war imprisonment were mapped onto patients' bodies by clinical diagnostics at the Charité Berlin. Combat exposure during the Second World War was usually documented as "a list of bodily injuries" within a patient's history (Schöhl, Hess 2019:155). The experience of war imprisonment, however, was also noted

as psychologically trying. Examples included “abusive relations with camp superiors, hardships of work in captivity and psychological difficulties of being confronted with fear, uncertainty, and guilt” (Schöhl, Hess 2019:155). In addition, this investigation found that the period of war imprisonment was “habitually shortened” within a patient’s record at the Charité Berlin, if not side-lined altogether (Schöhl, Hess 2019:155). War imprisonment was given a decidedly minor place in clinical narrations of former POW patients’ illnesses, even though it often lasted for several years (Schöhl, Hess 2019:157).

V.IV Frictions: Patient interpretations of illness after war-imprisonment

The exclusion of a potential causal relation between war imprisonment and psychiatric symptoms became particularly evident in those patient histories which named war imprisonment in relation to the onset of symptoms but did not include this observation in the final medical discharge summaries (Schöhl, Hess 2019). In most instances, such discrepancies between a patient’s recorded telling of his illness and its clinical interpretation usually did not meet any documented resistance by respective patients. However, one patient file, this investigation found, did jar with official clinical narrative. Using tactics of confabulation, the respective patient not only challenged clinical interpretation of war imprisonment, but also threatened to unhinge the narrative structure of the patient record itself (Schöhl, Hess 2019:163-5).

VI. Conclusion & Further Outlook

This investigation offered a new perspective on the historical investigation of local East German psychiatric practice and interpretation of psychiatric illness after war imprisonment, using for the first-time former POW patient records of the Charité Berlin psychiatric hospital from 1948 until 1950, and 1956. Focusing on individual case records from patient files of the Historische Psychiatrie Archiv Charité Berlin (HPAC), differing narratives of war imprisonment and psychiatric illness by patients and attending psychiatrists have been explored and contrasted. This investigation demonstrated that at the Charité Berlin, official-medical interpretations of psychiatric symptoms in former POWs converged upon a prioritisation of postwar re-integration difficulties. Psychiatric symptoms among former East German POWs thus both surface during and were regarded as a result of the postwar period. Psychiatrists were not hostile to the idea that shattering life events could cause adverse psychiatric reactions – they mostly, however, did not include the experience of war imprisonment as a legitimate cause for that matter. These psychiatric interpretations of etiology were occasionally negotiated between

attending psychiatrists, the patient and his relatives. As such, there could be several, conflicting stories of illness within a single patient file. Patients and relatives occasionally voiced their own counter-narratives of experiences of war imprisonment as a source of psychiatric illness. None of these, however, were included in the final versions of patients' discharge reports. Arguably then, Charité psychiatrists keeping selected patient records did not only succeed in materialising their observations. Doing so also enabled the construction of former POW patients' illnesses as a narrative of postwar repatriation difficulties. Possible further vantage points for research include analysis of therapies administered to former POW patients, the way in which eligibility for social insurance was decided upon by attending clinicians, as well as a possible comparison to a female patient collective.

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Eidesstattliche Versicherung

„Ich, Stephanie Schöhl, versichere an Eides statt durch meine eigenhändige Unterschrift, dass ich die vorgelegte Dissertation mit dem Thema: Psychiatrische Diagnostik und Einschätzung ehemaliger Kriegsgefangener an der Charité Berlin, 1948 – 1956 / Psychiatric diagnostics and evaluation of former prisoners of war at the Charité Berlin, 1948 – 1956, selbstständig und ohne nicht offengelegte Hilfe Dritter verfasst und keine anderen als die angegebenen Quellen und Hilfsmittel genutzt habe.

Alle Stellen, die wörtlich oder dem Sinne nach auf Publikationen oder Vorträgen anderer Autoren/innen beruhen, sind als solche in korrekter Zitierung kenntlich gemacht. Die Abschnitte zu Methodik (insbesondere praktische Arbeiten, Laborbestimmungen, statistische Aufarbeitung) und Resultaten (insbesondere Abbildungen, Graphiken und Tabellen) werden von mir verantwortet.

Meine Anteile an etwaigen Publikationen zu dieser Dissertation entsprechen denen, die in der untenstehenden gemeinsamen Erklärung mit dem/der Erstbetreuer/in, angegeben sind. Für sämtliche im Rahmen der Dissertation entstandenen Publikationen wurden die Richtlinien des ICMJE (International Committee of Medical Journal Editors; www.icmje.org) zur Autorenschaft eingehalten. Ich erkläre ferner, dass ich mich zur Einhaltung der Satzung der Charité – Universitätsmedizin Berlin zur Sicherung Guter Wissenschaftlicher Praxis verpflichte. Weiterhin versichere ich, dass ich diese Dissertation weder in gleicher noch in ähnlicher Form bereits an einer anderen Fakultät eingereicht habe.

Die Bedeutung dieser eidesstattlichen Versicherung und die strafrechtlichen Folgen einer unwahren eidesstattlichen Versicherung (§§156, 161 des Strafgesetzbuches) sind mir bekannt und bewusst.“

Datum

Unterschrift

Anteilerklärung an der erfolgten Publikation

Frau Stephanie Schöhl hatte folgenden Anteil an der folgenden Publikation:

Schöhl, S., Hess, V. (2019). War imprisonment and Clinical Narratives of Psychiatric Illness, Psychiatric Hospital Charité Berlin, 1948 - 1956. *Journal of the History of Medicine and Allied Sciences*, 74(2), 145-166.

Ich, Stephanie Schöhl, war verantwortlich für die Formulierung des Forschungsvorhabens und dessen initialer methodologischer Konzipierung. Ich war ferner alleinverantwortlich für die Festlegung der Selektionskriterien sowie der anschließenden Inspektion, Zusammentragung und Organisation der betreffenden Patientenakten des Historischen Psychiatrie Archivs der Charité Berlin. Die weitere methodologische Herausarbeitung des Forschungsvorhabens wurde zu gleichen Teilen mit Herrn Prof. Dr. Hess geteilt. In regelmäßigen, alle zwei- bis dreimonatige Diskussionen mit Prof. Dr. Hess wurde ich von in der Herausarbeitung weiterer Sekundärliteratur und der kritischen Interpretation der erhobenen Daten unterstützt. Für diese war ich zu 60% verantwortlich. Ich war hauptsächlich verantwortlich für die Analyse der erhobenen Daten (70%), sowie für den Erstentwurf (60%) und die finale Überarbeitung der angeführten Publikation (Schöhl, Hess 2019).

Zusammenfassend zeigte Frau Stephanie Schöhl folgende Anteile an der Ausarbeitung Ihrer Promotion: Fragestellung 50 %, Studienkonzept/ -protokoll: n.a.m, methodische Durchführung 50 %, Datengewinnung der relevanten Krankenakten des medizinhistorischen Archivs der Charité 100%, Datenanalyse 70 %, Erstentwurf/Überarbeitung der Veröffentlichung 60%, Kritische Interpretation 60%.

Datum

Unterschrift der Doktorandin

Auszug aus der Journal Summary List

Journal Data Filtered By: **Selected JCR Year: 2018** Selected Editions: SCIE,SSCI
 Selected Categories: **“HEALTH CARE SCIENCES and SERVICES”**

Selected Category Scheme: WoS

Gesamtanzahl: 98 Journale

Rank	Full Journal Title	Total Cites	Journal Impact Factor	Eigenfactor Score
1	MILBANK QUARTERLY	3,936	7.425	0.004600
2	BMJ Quality & Safety	5,234	7.043	0.017230
3	HEALTH AFFAIRS	17,240	5.711	0.053190
4	ACADEMIC MEDICINE	15,669	5.083	0.027260
5	VALUE IN HEALTH	8,819	5.037	0.018200
6	PALLIATIVE MEDICINE	5,682	4.956	0.009860
7	JOURNAL OF MEDICAL INTERNET RESEARCH	13,602	4.945	0.030580
8	JOURNAL OF CLINICAL EPIDEMIOLOGY	27,514	4.650	0.029080
9	MEDICAL EDUCATION	10,341	4.619	0.011770
10	JOURNAL OF GENERAL INTERNAL MEDICINE	19,431	4.606	0.028130
11	Implementation Science	9,216	4.525	0.019280
12	International Journal of Health Policy and Management	1,140	4.485	0.003470
13	JMIR mHealth and uHealth	2,576	4.301	0.007920
14	JOURNAL OF THE AMERICAN MEDICAL INFORMATICS ASSOCIATION	9,319	4.292	0.019480
15	HEALTH TECHNOLOGY ASSESSMENT	5,804	3.819	0.011360
16	MEDICAL CARE	20,250	3.795	0.021130
17	PHARMACOECONOMICS	4,775	3.705	0.009090
18	Journal of Patient Safety	940	3.386	0.002470
19	JOURNAL OF PAIN AND SYMPTOM MANAGEMENT	11,229	3.378	0.015750
20	JOURNAL OF HEALTH ECONOMICS	7,220	3.352	0.014850
21	BMJ Supportive & Palliative Care	1,233	3.208	0.003760

22	Journal of Managed Care & Specialty Pharmacy	1,221	3.024	0.004750
23	BMC Palliative Care	1,522	2.922	0.003880
24	HEALTH EXPECTATIONS	3,199	2.847	0.007740
25	MEDICAL DECISION MAKING	5,281	2.793	0.009000
26	ADVANCES IN HEALTH SCIENCES EDUCATION	2,697	2.761	0.005400
27	SUPPORTIVE CARE IN CANCER	11,975	2.754	0.024130
28	INTERNATIONAL JOURNAL OF MEDICAL INFORMATICS	4,765	2.731	0.006720
29	HEALTH POLICY AND PLANNING	5,401	2.717	0.010110
30	HEALTH SERVICES RESEARCH	8,061	2.706	0.013670
30	MEDICAL TEACHER	7,977	2.706	0.010530
32	Patient-Patient Centered Outcomes Research	1,008	2.673	0.003090
33	Applied Health Economics and Health Policy	1,126	2.664	0.003350
34	MEDICAL CARE RESEARCH AND REVIEW	2,431	2.577	0.004060
35	BMC Medical Research Methodology	9,832	2.509	0.021050
36	International Journal of Integrated Care	1,137	2.489	0.002010
37	QUALITY OF LIFE RESEARCH	13,192	2.488	0.019050
38	JOURNAL OF PALLIATIVE MEDICINE	5,938	2.477	0.010540
39	JOURNAL OF RURAL HEALTH	1,729	2.471	0.002630
40	EUROPEAN JOURNAL OF CANCER CARE	3,149	2.421	0.005380
41	JOURNAL OF MEDICAL SYSTEMS	4,680	2.415	0.006220
42	STATISTICAL METHODS IN MEDICAL RESEARCH	4,156	2.388	0.012230
43	Health and Quality of Life Outcomes	8,070	2.318	0.012120
44	Health Informatics Journal	691	2.297	0.001450
45	Risk Management and Healthcare Policy	416	2.283	0.001270

46	Simulation in Healthcare- Journal of the Society for Simulation in Healthcare	1,428	2.241	0.002380
47	JOURNAL OF TELEMEDICINE AND TELECARE	2,761	2.229	0.004010
48	TEACHING AND LEARNING IN MEDICINE	1,246	2.216	0.002550
49	SCANDINAVIAN JOURNAL OF PRIMARY HEALTH CARE	1,381	2.095	0.001810
50	Population Health Management	837	2.086	0.002840
51	HEALTH POLICY	7,107	2.075	0.009910
52	HEALTH ECONOMICS	6,127	2.027	0.010350
53	Telemedicine and e-Health	3,252	1.996	0.006250
54	BMC HEALTH SERVICES RESEARCH	15,675	1.932	0.036690
55	Current Opinion in Supportive and Palliative Care	1,052	1.916	0.002700
56	JOURNAL OF MEDICAL ECONOMICS	1,985	1.885	0.005000
57	JOURNAL OF HEALTH POLITICS POLICY AND LAW	1,085	1.839	0.002250
58	INTERNATIONAL JOURNAL FOR QUALITY IN HEALTH CARE	4,709	1.829	0.004550
59	Expert Review of Pharmacoeconomics & Outcomes Research	1,645	1.828	0.003130
60	Therapeutics and Clinical Risk Management	2,823	1.824	0.005010
61	Journal of Interprofessional Care	2,977	1.772	0.003770
62	INTERNATIONAL JOURNAL OF HEALTH SERVICES	1,471	1.750	0.001600
63	HASTINGS CENTER REPORT	1,531	1.728	0.002830
64	AMERICAN JOURNAL OF MANAGED CARE	4,414	1.706	0.009650
65	JOURNAL OF PUBLIC HEALTH POLICY	1,076	1.675	0.001530
66	Gaceta Sanitaria	1,794	1.656	0.002380
67	American Journal of Hospice & Palliative Medicine	2,016	1.655	0.003700
68	EVALUATION & THE HEALTH PROFESSIONS	1,209	1.604	0.001670

69	AMERICAN JOURNAL OF MEDICAL QUALITY	1,397	1.570	0.003110
70	JOURNAL OF EVALUATION IN CLINICAL PRACTICE	4,039	1.536	0.005120
71	JOURNAL OF SCHOOL HEALTH	3,621	1.521	0.004340
72	Journal of Comparative Effectiveness Research	509	1.485	0.002000
73	Disability and Health Journal	1,122	1.471	0.002690
74	Geospatial Health	706	1.422	0.001540
75	INTERNATIONAL JOURNAL OF TECHNOLOGY ASSESSMENT IN HEALTH CARE	2,143	1.418	0.002140
76	JOURNAL OF BEHAVIORAL HEALTH SERVICES & RESEARCH	1,113	1.343	0.002050
77	Families Systems & Health	976	1.325	0.001400
78	FORSCHENDE KOMPLEMENTARMEDIZIN	594	1.306	0.000440
79	Journal of Healthcare Engineering	518	1.295	0.000980
80	JOURNAL OF MANIPULATIVE AND PHYSIOLOGICAL THERAPEUTICS	2,766	1.274	0.001800
81	JOURNAL OF CONTINUING EDUCATION IN THE HEALTH PROFESSIONS	1,454	1.265	0.002110
82	Annals of Palliative Medicine	372	1.262	0.001260
83	Australian Health Review	1,578	1.228	0.002310
84	Informatics for Health & Social Care	285	1.218	0.000470
85	International Journal of Evidence-Based Healthcare	771	1.158	0.001630
86	Journal for Healthcare Quality	604	1.092	0.001650
87	Journal of the American Association of Nurse Practitioners	522	1.029	0.001760
88	Australian Journal of Primary Health	844	1.024	0.001600
88	METHODS OF INFORMATION IN MEDICINE	1,330	1.024	0.001760
90	MEDICAL HISTORY	669	0.977	0.000720



91	CAMBRIDGE QUARTERLY OF HEALTHCARE ETHICS	605	0.941	0.000740
92	TECHNOLOGY AND HEALTH CARE	1,024	0.787	0.001740
93	INQUIRY-THE JOURNAL OF HEALTH CARE ORGANIZATION PROVISION AND FINANCING	617	0.769	0.000650
94	Quality Management in Health Care	458	0.759	0.000540
95	JOURNAL OF THE HISTORY OF MEDICINE AND ALLIED SCIENCES	431	0.743	0.000400
96	EASTERN MEDITERRANEAN HEALTH JOURNAL	2,228	0.694	0.001970
97	JOURNAL OF PALLIATIVE CARE	984	0.364	0.000580
98	BULLETIN OF THE HISTORY OF MEDICINE	687	0.341	0.000520

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Druckexemplar der Publikation

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Lebenslauf

Mein Lebenslauf wird aus datenschutzrechtlichen Gründen in der elektronischen Version meiner Arbeit nicht veröffentlicht.

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