THE "GENTLE LIE": WOMEN AND THE GDR MEDICAL SYSTEM IN FILM AND LITERATURE

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Abstract | *Within the context of medical-historical research, this article compares the depiction of female patients in GDR and post-GDR fictional texts: Lothar Warneke's Die Beunruhigung (1982), Christa Wolf's Nachdenken über Christa T. (1968) and Leibhaftig (2002), and Kathrin Schmidt's Du stirbst nicht (2009). This approach highlights the idiosyncrasies of GDR medicine, which demanded patients' collaboration in therapeutic measures and hid from them the truth about their conditions. This custom, known as the "gentle lie," as well as other top-down practices echo the state's patriarchal attitude towards its citizens, particularly women, evidencing that the GDR claim of gender equality was not practiced in key areas of women's lives. Furthermore, there is evidence that hierarchical structures denying patients' agency persist today in eastern Germany.*

Résumé | *Dans une perspective médico-historique, cet article compare la description de patientes dans des récits de fiction de la RDA et de l'ex-RDA: L'Inquiétude (Die Beunruhigung) de Lothar Warneke (1982), Christa T. (Nachdenken über Christa T.) (1968) et Le Corps même (Leibhaftig) de Christa Wolf (2002) ainsi que Tu ne vas pas mourir (Du stirbst nicht) de Kathrin Schmidt (2009). Cette approche met en lumière les idiosyncrasies de la médecine de la RDA, laquelle demandait la collaboration des patients dans les mesures thérapeutiques tout en leur cachant la vérité sur leur condition. Cette pratique—connue sous le nom de « doux mensonge »—ainsi que d'autres pratiques imposées d'en haut reflètent l'attitude patriarcale de l'État envers ses citoyens, et tout particulièrement envers les femmes, preuve que la revendication—faite par la RDA—de l'égalité des sexes n'était pas mise en œuvre dans des secteurs clés de la vie des femmes. En outre, tout porte à croire que les structures hiérarchiques privant les patients d'initiative continuent de se perpétuer aujourd'hui dans l'Est de l'Allemagne.*

Lothar Warneke's 1982 film *Die Beunruhigung* (*Apprehension*, 1982), a low-budget, black-and-white *Alltagsfilm* (everyday film) that features documentary elements, was among the most popular DEFA films of the 1980s.[1] At the GDR's second national festival for feature films in Karl-Marx-Stadt in 1982, it received several prizes, including the so-called *Großen Steiger*, the audience prize for the most effective movie screened within the prior two years.[2] As Andrea Rinke highlights in "From Models to Misfits, "the question of how individuals cope with illness, pain, depression, and death was at the forefront of Warneke's controversial film" (195). Surprisingly, though, scholarship largely focuses on how the protagonist, Inge Herold (played by Christine Schorn) takes charge of her life and seeks a fulfilling love relationship when she finds herself in a time of crisis. These discussions treat the diagnosis of breast cancer as no more than a plot trigger for Inge's actions. This approach may be attributable to Erika Richter, the artistic advisor for *Die Beunruhigung*, who spotlighted this aspect in her afterword to Helga Schubert's 1982 script. Richter's declaration that the main idea of the film was, "illness interrupts normal everyday life and forces individuals to take stock" seems to have been highly influential (88).

Contrary to these approaches, this article proposes a reading that investigates more closely the portrayal of the GDR medical system in *Die Beunruhigung*. It places this interpretation in the context of medical-historical research on GDR healthcare practices and examines how this distinctive medical system—characterized by a lack of patient autonomy reflecting the GDR's essentially authoritarian and patriarchal structure—affects Inge Herold's ability to deal with her illness. By considering additional

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examples of medical treatment in GDR and post-GDR fiction by Christa Wolf and Kathrin Schmidt—fictional texts deliberately chosen to demonstrate that the concern for medical ethics has played a significant role in various historical circumstances and political systems—this approach achieves two goals: firstly, it highlights the idiosyncrasies of the GDR healthcare system, ranging from the effects of a specific doctor-patient relationship based on a legal system influenced by Marxist-Leninist thought to the success of the GDR's effective cancer screening programs; and secondly, it demonstrates the extent to which practices specific to the GDR medical system are portrayed as lingering in post-GDR literature, a portrayal that is, in fact, authenticated by medical-historical research.[3] The chosen texts all feature suffering female protagonists whose illnesses indicate their reluctance to be integrated into the prevailing symbolic order of a patriarchal society—GDR or, in the case of Kathrin Schmidt's *Du stirbst nicht* (*You Are Not Going to Die*, 2009), post-GDR society. The interest in medical ethics and patient autonomy suggests that the texts' frame of reference extends beyond the historical parameters of GDR society and seeks to situate the ethical dilemma they explore within a more general analysis of patriarchy and female subjectivity. Yet the fact that all these texts place their protagonists in GDR or post-GDR, i.e., contemporary East German society encourages us to consider the specifics of GDR-style, top-down practices of medical care that, as Schmidt suggests, have not yet been overcome in Eastern Germany and seem to affect women in particular. However, before delving into a more detailed analysis of the fictional texts, we should reflect on their potential to provide us with historical insight. Here, film and literature can hint at everyday life experiences in the GDR, specifically its medical system, which seems to have considered patients in general and women in particular incapable of handling unpleasant truths about their health.

Fiction as a Source of Historical Knowledge

Simone Barck's claim that GDR fiction is a more illuminating source of knowledge about GDR society than scholarly publications by historians also applies to the medical realm and medical historiography (315). Indeed, in the GDR discussions surrounding contentious topics—such as questions regarding ethics in the medical field—tended to take place in small circles, not in public forums supported by the media. In "Ethische Fragen" ("Ethical Questions"), physician Susanne Hahn stresses that, since the GDR mass media predominantly broadcast experts' decisions, more fine-grained information and critical debates about illness and patients in medical institutions became available to the general public through literature and film (77). Furthermore, in *Rifts in Time and in the Self*, Cheryl Dueck writes, "in a society in which potent political and social messages were transmitted by fiction, the fates of characters in novels can be read as a thermometer of societal health" (112). *Die Beunruhigung* exemplifies these aspects as both scriptwriter Helga Schubert—a professional psychologist as well as a writer—and director Lothar Warneke stressed the significance of their film and the main character's story for catalyzing an intensive dialogue with the audience. As Erika Richter testifies:

> *A large portion of the audience eagerly takes up this offer to communicate, as the first experiences demonstrate. The film loosens tongues. The audience talks about dealing with illness as well as the willingness to communicate and the lack of communication; about the relationship between generations as well as the manifold problems that come with emancipation. (100-1)*

Richter points to the film's influence on several levels: sparking communication and generating specific discourses, for instance, about illness or generations. According to Rosemary Stott, Warneke, like most DEFA filmmakers, "felt a strong affinity with their audience and a responsibility towards them. Because of the lack of a democratic press, the arts could serve the function of raising contemporary issues related to everyday life which were taboo in the print media" (35-36). *Die Beunruhigung* thus offers an example for the many fictional texts that triggered critical thought among GDR citizens and that present a remarkable archive of information about daily life and issues.[4]

Literature and film depicting illness and the healthcare system reveal cultural and ideological discourses in medical institutions as well as social norms—including, but by no means limited to, the signifiers for pathology, since GDR citizens clearly understood the medical system as a part of society that echoed both the problems and the standards governing the GDR. Accordingly, Thomas Ahbe, Michael Hofmann, and Volker Stiehler's *Redefreiheit*, a volume that contains transcripts of all public debates that took place in Leipzig in the fall of 1989, also includes a chapter dealing with glitches in the healthcare system. Here, the link between difficulties in the medical system and larger societal setbacks is articulated in the statements contributed by Dieter Lohmann, Medical Director of the city hospital in Leipzig, and Rudolf Weiner, Medical Director of the district hospital St. Georg, which met with the audience's strong approval. Both Lohmann and Weiner emphasize that the healthcare system must be considered an integral part of society, which means its trials and tribulations echo the grievances of society at large (Lohmann 526, 531).

One of the so-called *Alltagsfilme* committed to "documentary realism," *Die Beunruhigung* illustrates Warneke's ideal of the *dokumentaren Spielfilm* (documentary drama), which he delineated in his eponymous master's thesis in 1964. With reference to Italian Neorealism and specifically to Cesare Zavattini, Warneke articulated the artistic position justifying the need for a GDR-specific realist documentary film. He aimed for the unification of the "traditional possibilities of the feature film to create lively characters with documentation [in order to] facilitate a new, deeply realistic way of reflecting reality artistically. This possibility is available in the documentary configuration of the feature film. We describe this synthesis as the documentary drama" (238-39).[5] While not challenging socialism's master narrative, such documentary drama would strive to find genuine representations of reality in the texture of personal daily experiences (Harhausen 102; Feinstein 199). Yet following the so-called *Kahlschlag-Plenum* (clean-sweep plenary) of 1965—an event of the ruling Socialist Party that was meant to signal an end to any tendencies associated with the West (e.g., Neorealism) and led to the banning of numerous films and books—there was little space for finding "artistic truth" like Warneke imagined it.[6] Hardly surprising, then, that the director only began to explore this credo in his trilogy of the early 1970s—*Dr. med. Sommer II* (*MD Sommer II*, 1970), *Es ist eine alte Geschichte* (*It's an Old Story*, 1972), and *Leben mit Uwe* (*Life with Uwe*, 1973)—and then much more explicitly with *Die Beunruhigung* in 1982.[7]

In *Die Beunruhigung*, more than his other films, Warneke strived to attain "the greatest possible authenticity in presenting the figures and their living space and conditions " (qtd. in Richter 92). He insisted on using black-and-white film stock in support of a greater sense of realism and truthfulness, and on engaging Thomas Plenert, a young cameraman who had never before shot a feature film but was well-versed in filming documentaries (Harhausen 111; Richter 90-98; Dieter Wolf 136-38). Warneke adamantly defended his idea to develop each scene at original locations and in dialogue with all parties involved. The locales included the Berlin Charité hospital, Inge's workplace in the Department of Health and Welfare, and screenwriter Helga Schubert's apartment, which serves as Inge Herold's home in the film. Schubert was willing to accept radical revisions to her script provided Warneke respected the basic spirit of her story. She also supported his desire to work with non-professional actors, particularly for those characters directly linked to the topic of cancer and healthcare. These authentic voices include an elderly lady diagnosed with breast cancer whom Inge meets in the Charité's waiting area; a young woman who tells the protagonist about her breast cancer therapy; and most importantly Dr. Röseler, an actual Charité physician who examines Inge and informs her about the necessary surgery.

Despite Warneke's struggle for maximum authenticity and the well-established fact that in the GDR fiction served the function of discussing taboo issues in lieu of a democratic press, we should not simply take *Die Beunruhigung* as the only evidence for quotidian life as it was experienced in the GDR. Still, this film in particular is well worth examining in the context of research on the state's medical system since it can serve as *one* window onto GDR society and the healthcare provided. It reveals how the medical system—which viewed GDR citizens in general and women in particular as children too frail to handle issues of life and death—affects Inge Herold's ability to deal with her illness and models how she comes to claim agency in her fight against breast cancer.[8]

Fictional Representations of the GDR Medical System

An intelligent and well-educated woman in her late thirties, the psychologist Inge Herold works as a marriage counselor for the Department of Health and Welfare. A single mother,

she has a trusting if not always easy relationship with her teenage son Mike, who disapproves of Joachim (played by Wilfried Pucher), the married man with whom Inge is having an affair. When she learns of her potential breast cancer and the need to undergo a biopsy and possibly also breast surgery the next day, she fears the biopsy that may confirm the presence of cancer and possibly include a mastectomy. The following 24 hours under psychological stress prompt her to reflect on her life and to see the decisions she has made in a clearer light: she seeks out her son, who proves to be a source of encouragement, breaks up with Joachim, who turns out to be unsupportive when Inge needs him most, and discovers a new confidant in Dieter Schramm, a high-school friend and single father. Despite the constant apprehension due to her illness, she musters up the energy to start her life anew.

This confident if not entirely euphoric outcome corresponds with Inge's character: like most female protagonists in DEFA's 1970s and 1980s *Alltagsfilme*, she is a strong woman who asserts her independence as an individual against social norms and does not compromise her ideal of a reciprocated romantic relationship.[9] Her resistance to societal standards surfaces particularly vis-à-vis Katharina (played by Walfriede Schmitt), a former classmate and judge who leads a model socialist life as a married woman with two children, an apartment, a car, and an active social and political life. Faced with both Katharina as well as Inge's disapproving mother (played by Traute Sense), Inge insists that she is happily divorced and actively seeks a new partner when Joachim proves inadequate.

Given her strength in these situations as well as her confidence when she deals with co-workers and clients in the Department of Health and Welfare, it is all the more remarkable that the patient Inge Herold does not stand up to the medical institution. In one of the film's most significant scenes, the Charité physician Dr. Röseler informs Inge about the potentially malignant lump they found in her breast.

In the afterword to the script, Erika Richter draws attention to the remarkable authenticity of this dialogue: the physician "performs" a role that conforms to his routine business, including his attempt to calm down Inge, while the actress "to a certain extent fielded real cues from her partner, cues that a professional actor could hardly have provided, and she responded with great aplomb to these cues, with no trace of staginess" (Richter 96). In other words, Inge performs the reaction to be expected from a patient in the Berlin Charité in 1982: she does not question Dr. Röseler's proposed therapy, which commences with an operation the next day.

As a participant in the healthcare system, Inge is fundamentally aware of her position in the therapeutic process as determined by the framework of GDR law, which denied patients the sovereignty to refuse treatment plans proposed by doctors. The GDR-specific doctor-patient relationship, in which there was no legal contract between a patient and a doctor, meant that the responsibility for a prescribed therapy rested exclusively with the physician. Susanne Hahn draws attention to the fundamental difference between the East German medical-care relationship, the so-called *Betreuungsverhältnis,* and legal practice in the Federal Republic of Germany (FRG): "While in the FRG a medical intervention has been considered an infliction of bodily harm in criminal law, which can only be suspended by means of a patient's consent, a medical intervention deemed necessary and carried out according to standard practice was, as a matter of principle, considered therapy in the GDR" (75).[10] Accordingly, within the socialist doctor-patient relationship, the physician was not required to justify a proposed treatment or to tell the patient about the true outcome of an examination. Ulrich Lohmann points out that if doctors considered a patient unable to come to an "appropriate decision," they could even "decide on medical measures against the patient's will" (222). At the same time, patients were legally obligated to cooperate and actively support the therapy administered due to the so-called *Mitwirkungspflicht*. As Ulrike Seifert explains, this obligation was supplemented by mandatory disclosure of any aspect of the concerned person's life that might impinge on the therapy, the so-called *Offenbarungs- und Informationspflicht*, and the legal compulsion to endure any medical measures and any doctor's directions, named *Duldungs- und Befolgungspflicht* (271-74).

In this respect, the proximity of Warneke's 1982 film to Christa Wolf's novels *Nachdenken über Christa T.* (*The Quest for Christa T.*, 1968) and *Leibhaftig* (*In the Flesh*, 2002) is noteworthy, particularly since these three fictional texts were conceived at quite different points in history and portray GDR hospitals in different decades. While *Nachdenken über Christa T.* focuses primarily on the 1950s and early 1960s, *Die Beunruhigung* portrays the situation in the early 1980s and *Leibhaftig*—looking back from the early-21st century—in the late 1980s. In other words, *Nachdenken über Christa T.* was written before the new framework agreement for hospitals, the so-called *Rahmen-Krankenhausordnung* (RKO) of 1979, went into effect, while the other two texts portray the situation after this document was published. The RKO granted patients the individual right to diagnostic and therapeutic elucidation. Referencing the new law, Lohmann argues that patients now were entitled to be informed about their state of health, the motivation and aim of intended medical measures, and the necessity and potential consequences of medical interventions and medication. Yet GDR lawyers quickly pointed out that, based on the standing GDR-specific doctor-patient relationship, physicians alone retained the power to decide on the content and extent of information about the patient's state of health and the manner in which it was to be passed on.[11] In other words, lawmakers were obviously aware of the intricacies implied in the legal implications of the doctor-patient relationship, yet the lack of patient autonomy was never effectively diminished during the 40 years of GDR medicine. Accordingly, Christa T. and the nameless protagonist admitted to a hospital in the late 1980s portrayed in *Leibhaftig* are, like Inge in *Die Beunruhigung*, subjected to care in a clinic and obligated to adjust to the rules of an institution that offers no alternatives to the prescribed treatment. All three texts criticize the power relations in discourses surrounding legal and medical institutions. In particular, Wolf's patient in the 2002 novel is acutely aware of the mechanisms that exact her obedience (37-38). When the head physician thanks her for her excellent cooperation, she even feels obliged to reassure the professor of his accomplishments (117, 156). Corresponding to GDR law, *Leibhaftig* portrays a protagonist required not only to endure but also to participate in the physicians' prescribed therapy, even though she experiences it as violent injury and for the longest time does not seem to believe in its success. In the latter respect, she differs significantly from both Christa T. and Inge, who clearly believe in the progress of socialist medicine.[12]

Nachdenken über Christa T. informs us that the protagonist knows "that before long people won't still be dying of this disease."[13] Thus, she foreshadows an end of all suffering for coming generations. While *Die Beunruhigung* is less certain in predicting Inge's chances to survive cancer, it starts and ends on a decidedly positive note. On the day of one of her subsequent semiannual cancer check-ups, we initially see her in bed with Dieter and shortly afterwards stepping in the shower. In this scene, for which Helga Schubert's script advises that Inge treats her body naturally and without self-pity, she reveals to the viewers that she only has one breast (12). The scenario then jumps back three years to show Inge with Joachim and with both breasts. The audience is therefore aware that cancer plays a key role in this film, but since the protagonist is rather optimistic—she stresses at the end that she has survived the first three years after the surgery and that future cancer check-ups will be scheduled annually—the film offers rather good prospects for Inge to be cured.[14]

In fact, the characters' belief in the progress of socialist medicine is supported by medical-historical research that shows the extent to which GDR medicine had improved since the 1950s. From 1978 to 1982, the year *Die Beunruhigung* was released, the centralized and free healthcare system became more successful in combating cancer than most Western European countries, including the FRG, as a variety of international studies cited by Günter Baust (117) and Stephan Tanneberger (52-53) disclose. At least to some extent, this achievement needs to be considered one of the positive effects of the GDR's *Betreuungsverhältnis* and the patient's *Mitwirkungspflicht*. Citizens—physicians and patients alike—were expected to commit to the advancement of socialism. Therefore, it was incumbent upon patients to cooperate in any measure that would advance not only their individual health but also the health of the community. In fact, the two were—in analogy to personal and societal interests—considered one entity, as Seifert (353) and Günther ("Arztrecht" 89) highlight. Accordingly, patients had to participate in any measure supporting community health, such as vaccination campaigns and preventative medical screenings. The centralized approach proved very effective and most successful in healthcare technology assessment and in combating cancer. The GDR established a World Health Organization-certified Comprehensive Cancer Center, which positioned the socialist state as an international leader in cancer prevention, but which was, as Tanneberger laments, dismantled in the unification process (52-55).

On the downside, these measures did, of course, imply state control, which extended to fields tangentially related to the medical sphere. Since the protection of individuals' health was an effort of society at large, power exercised in healthcare was tightly linked with the judicial system and social welfare, and often also included the support received from a working person's employment collective (Lohmann 223; Seifert 61-62, 64, 305; Günther "Arztrecht" 90). As GDR lawyer Karl-Heinz Christoph explained in 1980: "Fundamentally, the healthcare facilities fulfill their mission within the framework of a specific legal relationship with the citizens for whom they care. A decisive feature of the healthcare facilities consists in the fact that they not only fulfill their mission towards the citizen, but also perform measures of medical and social care on the citizen" (42-43). Christoph highlights the patient's enforced passivity in GDR law and in medical practice: something is done on and to a citizen's body that is to be understood as both medical and social remedy. Since doctors were sworn to take responsibility professionally, politically, and as members of socialist society, patients were required to accept their physicians' proposed treatments as the best option for their individual health and, more importantly, for the health of the socialist community. Even the physician's formal obligation to inform patients about the proposed therapy (*Aufklärungspflicht*) and to seek consent could be bypassed without legal consequences for the doctor (Berndt and Hüller 45; Seifert 162; Günther, "Patientenschutz" 167). A patient's failure to cooperate could, by the 1970s, have serious legal consequences, e.g., concerning labour law and rights to social security, and cause a patient's doctor to initiate educational reform measures (Seifert 301). Patients' bodies become subject to the state and its legal and medical system in the doctors' decisions about the citizens' bodies, even if the patient experiences the execution of a therapy as violent. Given the legal situation, citizens' bodies became subject to one body politic, not only metaphorically speaking. Yet while protecting one's health ceased to be a private matter, and notions of individual choice and doctor-patient confidentiality were considered secondary to the health of the entire population, the individual benefitted from the overall success of preventive care—an aspect underlined by Dr. Röseler in *Die Beunruhigung* when he tells Inge that they are determined to catch any malignancies as early as possible.

One character briefly portrayed in *Die Beunruhigung* who does not benefit from cancer prevention but rather from socialist medicine is the young woman Inge meets immediately after she received her interim diagnosis and learns of her imminent surgery. Bärbel Loeper, around five years younger than Inge and one of the non-professional actors, tells her own story: she is a cancer patient performing the role of a cancer patient. Bärbel is devoted to telling Inge her story meant as encouragement. Even though she only received radiation therapy because her case was too advanced for surgery and she was in danger of losing her then-unborn child, Bärbel did not despair. As the apparently happy eight-year-old daughter is then shown picking up her mother from the hospital, the film accentuates the confidence that socialist medicine will succeed in combating cancer. As if Christa T.'s 1960s claim that soon nobody would die of cancer any longer has come true, Bärbel assures cancer patients in the 1980s that they too can be optimistic. Inge Herold, however, rejects that kind of optimism and turns away—a significant point to which I will return.

The Significance of Generation

In this context it is crucial to note that Bärbel Loeper, Christine Schorn, the character she plays (Inge Herold), as well as her antagonist (Katharina), scriptwriter Helga Schubert, and director Lothar Warneke all belong to the same generation, namely the first postwar and post-Hitler Youth generation. In "Vom Szenarium zum Film," Erika Richter points to this aspect several times:

> *From the interaction among the actors ensues a plausible image of this generation that never had to say 'Heil Hitler!' in school […], that could freely decide in favor of capitalism or socialism. Maybe they are influenced more by the societal developments of our country than they themselves influenced these developments. Helga Schubert does not show outstanding protagonists of the*

> *societal developments. But it is evident that in places where things are actually done, […] the representatives of this generation work independently. (94)*

In contrast to Christa T.'s cohort—that of Christa Wolf herself and other so-called 1929ers who experienced National Socialism and World War II as children and adolescents[15]—this first postwar generation was raised free of direct fascist contamination. Unquestionably respecting those who had risked their lives in the fight against fascism—which naturally included those who represented the GDR at its very top—they grew up with high expectations for a socialist future and sided with socialism. In the film, the difference between socialism and capitalism boils down to the question of happiness: when Inge meets her former high-school friend Brigitte (played by Cox Habbema), who now lives in West Berlin, the major discrepancy between the two women emerges in their expectations for the future. Caught in the capitalist rat race, Brigitte cannot enjoy material comforts such as her new BMW. While she seems to look forward to her vacation in France, she dismisses any chance for happiness and family life and is fixated on her well-paying job. Inge, on the other hand, focuses on her desire for independence *and* a fulfilling relationship. For this first GDR generation, the freedom to travel that Brigitte enjoys cannot make up for the benefits of socialism, such as secure jobs that come without merciless competition.[16] Like the other representatives of her cohort in *Die Beunruhigung*, Inge is no socialist heroine, but one of the "pretty average representatives of this generation," as Richter puts it, who benefitted from the educational reforms that allowed for access to higher education for those groups who had previously been excluded (94). These people were, as Dorothee Wierling explains, "encouraged […] to identify with the state and think of themselves as a biographical project, as part of building a utopian future combining technological with social progress" (209). Their mission was, as Wierling continues, "a specific 'mission to happiness'" (209, which brings us back to Bärbel Loeper, the cancer patient set on giving Inge confidence in her healing prospects.

More than a nice and caring human being, Bärbel Loeper surfaces as a model socialist of the postwar generation. As Udo Grashoff reminds us, the main characteristics that distinguish the socialist personality are optimism, health, and the "capability to consciously effect the environment and to alter both this environment and oneself according to one's own ideas and goals (84).[17] Bärbel makes up for perfect health by fighting cancer, adopting a positive attitude towards life, attempting to modify her environment according to her socialist goals––and doing her best to influence Inge to do the same. Medical institutions were assigned a prominent role in in educating patients to embody the ideal of the positive socialist citizen who ensures productivity and vitality for the triumph of socialism. Hence, patients such as Bärbel and Inge have to believe in regaining their health. To achieve this goal, Bärbel even supports Dr. Röseler in his role of Inge's educator—a role that exceeds the realm of the physician and explicitly includes ideological education (Seifert 38-40, 355). Based on the belief that at least some patients developed organic illness from ideological instability, GDR medical specialists and policy demanded that terminally ill patients, in particular, should be treated within an ideological and ethical framework based on Marxist-Leninist philosophy and the ideology of working-class progress (Kirchgäßner 25; Löther 14). The underlying idea that a sick, malfunctioning body indicates ideological unreliability also surfaces in Helga Schubert's film script when Inge, reflecting on the three years since her surgery, mulls over the physicians' motivation for the repeated check-ups and concludes: "And it somehow also makes you feel safe that they do it so thoroughly. But deep inside you think: so they suppose that somewhere in your body, something grows perfidiously, or it could grow. That they do not trust your body anymore" (84). When Inge contemplates the medical personnel's attitude towards her diseased body, she reveals that her illness is associated with perfidious results in a body which—like an unreliable comrade—cannot be trusted any longer. Conversely, that her body no longer displays cancerous traces indicates the successful treatment—both on the level of the body and ideology. To achieve this goal, the legal system emphasized physicians' obligations to elevate patients' hope and optimism by convincing them that their treatment was working, even in cases of terminal illness (Seifert 168). Since the "socialist personality" believes in progress and is supposedly strong and generally optimistic, the very existence of incurable diseases was denied, even in scholarly publications. Patients could potentially be described as "currently not curable" ("zur Zeit nicht heilbar") or "on the basis of current knowledge incurable" ("auf der Grundlage der derzeit erreichten Erkenntnisse unheilbar"), but the notion that—also in the long run—any disease could be incurable was not to be voiced (Bettin and Gadebusch Bondio 10-11).[18]

The Gentle Lie

This approach to medicine explains both Bärbel's desire to cheer up Inge and Inge's wish to be left alone, as expressed in her body language when she gives Bärbel the cold shoulder. As a participant in the medical system, Inge is aware of these policies. She knows that doctors and nurses are likely to lie to both women regarding their state of health and is clearly opposed to such practices. In the GDR, medical personnel were not obliged to disclose the truth about the condition of ailing patients, and it was common practice to discuss the status of the disease only with close family members and not with the patient. Particularly in cases of adverse prognosis, representatives of the medical and the legal systems embraced the prevailing practice of concealing the hopeless situation and the prospect of death. Until the very end of the GDR, physicians possessed the legal right—and were in most cases encouraged—not to disclose the truth about negative prognoses. Instead, they were to employ what was officially termed the *schonende Lüge* (gentle lie): using appropriate wording and an incomplete description to deliberately keep patients in the dark in cases of unfavorable prognosis (Seifert 173-78).[19]

In *Die Beunruhigung*, the audience becomes privy to a discussion about this practice before Inge leaves her workplace for the Charité, hoping to learn about her own state of health. On her way out, she encounters one of her colleagues who refuses to inform his patient about the diagnosis of cancer. Pressured by Inge, he explains that he does not want to be held responsible for the patient losing hope and choosing to commit suicide. Inge, however, insists on an in-depth discussion at a later point, even though she must have been aware that the law was on her colleague's side and favored unknowing, passive patients who were to be treated under the assumption that individual desires could be reconciled with the interests of society (Seifert 351-52).

While in the scene Inge questions the practice of the gentle lie in her role as psychologist, she also later raises the issue in her role as patient. After she waited for her partner Joachim during the long, lonely night preceding her surgery, she informs him when he finally arrives in the early morning hours: "In an hour, I must go to hospital, and then you must take me because they said they would tell the person who takes me the truth. Yes, that person they will tell the truth. And only that person they will tell the truth. And they will tell that person the truth, and I do not know the truth."[20]

This crucial film scene showcases patients' helplessness vis-à-vis the practice of the gentle lie. We have reason to believe that Helga Schubert incorporated her own experiences as a seriously ill patient here (Richter 88), akin to writer Maxie Wander, who relates her experiences of doctors lying to her about breast cancer in the Charité and in the famous Berlin-Buch clinic in the 1970s of doctors. In her posthumously published volume of diary entries and letters, *Leben wär' eine prima Alternative* (*Life Would Be a Great Alternative*, 1979), she shares how she accidently found out about her condition when friends and family had known about it for several months already (25, 29-30, 60, 271). In a letter to Christa Wolf from January 1969 published in *Sei gegrüßt und lebe* (*Be Greeted and Live*), Brigitte Reimann similarly reveals her stupefaction upon learning that a famous Charité physician had lied to her about her illness. Looking back at that moment, Reimann exposes the lie as "worse than the truth, the entire affair, the clinic, surgery and so on" (Reimann and Wolf 48). She clearly articulates that this practice of withholding knowledge about one's well-being did not, as Ulrich Lohmann points out similarly, serve to add to the patient's "feeling of security" and "dignity"—two goals the so-called *Rahmen-Krankenhausordnung* (RKO) of 1979 had intended to achieve (221). As Reimann's letters reveal, the continued lies by medical personnel as well as friends and family caused increasing anxiety over the course of the next years during which the writer suffered terribly. By May 1970, the high radiation levels she received made her suspect that once again the physicians were not telling her the truth and that "really, she has cancer or a similar horridness" (Reimann and Wolf 121). In fact, the doctors' tall tales continued. In December of the same year, Reimann accidentally overheard them discussing her case and thus learned that her cancer had spread to her dorsal vertebra. Her husband had known about this terrible development since March but

had remained silent (Reimann and Wolf 184-85). In fact, Christa Wolf's diary entries from 1971 disclose that her knowledge about her friend's illness exceeded that of the patient because at least one of the attending physicians revealed the actual diagnosis and prognosis to Wolf—but not to the sick Brigitte Reimann.[21]

The gentle lie occupied Christa Wolf all her life, and she repeatedly brought up the issue in her oeuvre. Starting with Christa T., who overhears the doctors discussing her illness and subsequently insists on knowing the truth—"Is it that, doctor? Tell me the truth, I want to know the truth" (Wolf, *Nachdenken* 174)—she portrays characters who suffer from being left in the dark about their state of health. Thus, she explicitly raised a crucial issue and contributed to societal discussions already in the late 1960s. Not until the mid 1970s did some lawyers, theologians, and philosophers who were opposed to the practice of the gentle lie come forward with their views. In 1974, Professor Berndt on the other hand voiced his concern that patients' growing level of knowledge could lead to a situation in the future in which a doctor might be compelled to tell patients the whole truth (4). Yet for years to come, patients were declared incompetent when it came to managing the health of their own bodies, and the prevailing opinion in the medical and the legal realm supported the practice, as medical ethics specialist Müller's insistence on the gentle lie demonstrates: "even if patients repeatedly […] ask and want to hear the whole truth, even if it should mean death, they really do not want to know it and hope for an optimistic and comforting answer from their physician" (100).[22] What emerges here is the firm belief not only in socialist optimism but also in treating patients like children because they are deemed incapable of dealing with the realities of life and death.

In Wolf's 2002 retrospective novel *Leibhaftig*, she portrays the gentle lie as an ongoing practice of turning patients into passive objects incapable of influencing their own therapy in the GDR of the late 1980s. The novel stages the physicians' norm of discussing a patient's life-threatening condition exclusively with her relatives. Initially, the patient is hardly surprised to learn that her husband speaks furtively with the doctors (16). When she discovers later that he knew about her imminent operation before she was herself informed—because he had discussed her therapy with the surgeon—she is alerted to the seriousness of her illness (50). The patient, aware of the conversations but not of their content, accepts the daily clandestine meetings her spouse has with the chief surgeon (77, 103, 119). Even when she has recovered at the end of the novel, the protagonist suspects continued private conferences based on the evidence that her husband happened to encounter the physician in the corridor (184).

Leibhaftig therefore reveals that the strategy meant to support healing by not alarming patients actually increased anxieties and contributed to doctor-patient relationships lacking trust and denying patients' agency. Similarly, *Stadt der Engel oder The Overcoat of Dr. Freud* (*City of Angels, Or The Overcoat of Dr. Freud*) conveys how the protagonist's friend Emma was forced to trick a nurse into revealing her diagnosis of thyroid cancer so that she could arrange for her death as she saw fit (244). Absent the legal right to information about her body and her health, Emma's only recourse was to outsmart the medical staff. In the entry for 1988 in the autobiographical *Ein Tag im Jahr* (*One Day a Year*, 2003), Wolf revealed that the gentle lie preoccupied her after her hospitalization in 1988. Here, she recounts that she heard a radio report in which a doctor insisted that one must not lie to cancer patients (424). Wolf's fictional portrayals of and reflections about the gentle lie and its effects on patients confirm those scholars and contemporary witnesses who assert that the gentle lie was practiced in the GDR until its healthcare system was dissolved. Similarly, a symposium on the topic of "Information—Truth—Security" that brought together professionals involved in medical ethics in the GDR in December 1988 indicates that in the very last years of the socialist state there was finally public discussion about the gentle lie, while also confirming it as common practice.[23]

The gentle lie exemplifies a guardian state that wants to protect its allegedly incompetent patients from unwelcome news. While similar practices might have existed in the FRG as well, patient docility and the gentle lie were neither legally defined nor prescribed by the state apparatus there. On the contrary: since legal practice in the FRG has always demanded a patient's written consent for any medical intervention, they could hardly be left in the dark about their state of health. While the gentle lie and the demand for patient cooperation—as enshrined in the *Duldungs- und Befolgungspflicht*, the *Mitwirkungspflicht*, and the *Offenbarungs- und Informationspflicht*—are indeed characteristic of the GDR medical and legal systems, this does not imply that these practices vanished with the GDR. Indeed, Kathrin Schmidt's *Du stirbst nicht* highlights the post-unification continuity of procedures that limit a patient's agency and compares ways of exercising power before and after 1990. The patient at the

center of the novel, Helene Wesendahl—another psychologist trained in the GDR, just like the author Schmidt, the script writer Helga Schubert, and the character Inge Herold in *Die Beunruhigung*—experiences the power structures and routines of two clinics and a rehab center as she recovers from a burst aneurysm. When she declines psychotherapy in the hospital and rejects contraindicated epilepsy medication, she is subjected to the full force of the medical staff. Three doctors and two nurses assemble to inform her, "she was not allowed to do that. […] She had to. Back down. They bore the responsibility. Not Helene. *What, I bear no responsibility?*"[24] Denying her the right to take responsibility for her own body, the members of the medical profession team up against the patient and claim authority over her disease—behavior that appears bizarre, given the legal situation in united Germany. Instead of seeking a solution in dialogue, they expect the patient to "back down," which clearly means that she is supposed to disregard her own interests in favor of those expressed by the medical professionals.

These doctors and nurses appear stuck in an attitude towards the patient that is reminiscent of GDR law, in which both patients' ill bodies and their behavior were to be treated, individuals were supposed to be persuaded to "back down" for the greater good, and passive patients had to accept the proposed therapy. In other words, certain aspects of GDR medicine seem to live on; Hartmut Bettin and Mariacarla Gadebusch Bondio explain:

> *We can assume extensive continuities with regards to staff. […] That means that many who work and research in […] medical institutions were born, socialized, and in many cases received their academic education in the GDR. As students of medicine, physicians, […] and nurses they worked in GDR medical institutions, gained experiences there, and were shaped in certain ways. (7)*

Medical-historical research maintains that due to obvious continuities among medical staff, behavior and ethical attitudes that were specific to the GDR and socialist medicine persist. In other words, while the political state ceased to exist, its citizens inevitably perpetuate its practices and norms. *Du stirbst nicht* addresses this topic repeatedly by referencing the GDR's *Duldungs- und Befolgungspflicht*—an "obligation" the medical personnel in Schmidt's novel expect to be fulfilled by Helene and against which the patient rebels.

Lingering GDR practices also surface in the patient's alleged obligation to cooperate with therapy. In the novel, this extends to the reports the hospital sends to the rehab center. They are not limited to information pertaining to the patient's medical situation, but also assess her personality and willingness to accept the therapy whose successful outcome is contingent upon her cooperation and for which she is held liable. The speech therapist, for example, claims that the patient "proved to be a *non-cooperative patient* […] The physiotherapist's report, however, says *very cooperative*" (Schmidt 136-37; italics in original). Employing language that is characteristic of the GDR medical system, both reports explicitly evaluate the patient's inclination to cooperate. By italicizing the relevant words in the text, *Du stirbst nicht* draws attention to what Christa Wolf similarly conveyed about her stay in the GDR hospital in *Leibhaftig* and to what we witness in *Die Beunruhigung*: the requirement to participate in therapeutic measures, even if the patient experiences them as brutal, contraindicated, or futile.[25] While *Du stirbst nicht* does not portray instances of the gentle lie, the medical personnel unmistakably remind the woman of her so-called *Mitwirkungs-*, *Duldungs-* and *Befolgungspflicht*—obligations to cooperate and endure that were part of GDR law but not contemporary FRG law. The female protagonist can only escape such demands to collaborate in painful and even contraindicated and potentially deadly therapeutic measures with the support of her husband. In fact, she even depends on his rejection of the idea to submit his wife to a guardianship procedure, an idea brought forward by the medical staff to threaten the patient (313-14). This incident presents yet another situation in which the healthcare professionals depicted in Schmidt's novel engage in a practice—in Ulrich Lohmann's terms, the "unexplained, informal incapacitation devoid of a lawyer by the collective of physicians" (222)—that was commonly accepted in GDR hospitals.

Conclusion

Published 20 years after the fall of the Wall, Schmidt's *Du stirbst nicht* points to ongoing practices in Eastern German hospitals that clearly have their roots in the GDR medical system. The medical personnel's repeated refusal to grant the protagonist sovereignty over her own body and mind evokes institutional and everyday practices of patriarchy in GDR hospitals such as the ones we witnessed in the examples of GDR fictional texts discussed in this article. In the socialist state, these culminated in the practice of the gentle lie, which aimed to protect patients in general and women

in particular from harsh truths about their health. Whether such tendencies will survive in the next generation, one trained entirely in post-unification Germany, and emerge in fictional texts in the future remains to be seen.

While it is true that medical systems tend to be hierarchically structured in most societies, not least because expertise rests with the physicians, this is a phenomenon that will probably proliferate with increasing specialization of medical experts in the years to come. Nonetheless, it seems rather surprising that in a socialist state—one that declared itself to be a classless society and officially guaranteed gender equality—these apparently inherent dimensions of the healing profession were never seriously questioned. Further research that investigates whether similar practices were common in other Eastern European countries under Soviet rule would be enlightening. In the GDR, several reforms that aimed to flattened hierarchies in hospitals, including by reducing the salary differentials between doctors and nurses, were indeed successful. The hierarchical relationship between healthcare professionals and their patients, however, was never questioned.[26] In fact, the successes in the GDR's progressive preventive care programs depended on hierarchical structures that enforced the belief that one's health could not be considered a private matter. Because notions of individual choice and doctor-patient confidentiality were considered secondary to the health of the entire population, everyone had to participate in measures supporting community health, such as vaccination campaigns and medical screenings, and individuals benefitted from the overall success of preventive care. Effectively, the state's attitude towards its citizens—deemed children unqualified to make decisions regarding serious issues such as life and death—often did protect patients. However, the mindset revealed in practices such as the gentle lie and other customs denying patients' agency, in general and for women in particular, offers yet more evidence that East German socialists' claim of gender equality was not achieved in key areas of women's lives.

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Clip Notes

* All Clips will be added by September 2017.

Clip 1: Charité physician Dr. Röseler examines Inge before the surgery.

Clip 2: Cancer patient Bärbel Loeper tells Inge her own story: Bärbel is a cancer patient performing the role of a cancer patient.

Clip 3: Inge reveals her helplessness vis-à-vis the practice of the gentle lie in a conversation with her partner Joachim.

Endnotes

1 DEFA or Deutsche Film-Aktiengesellschaft was the state-owned film company established by the Soviet Military Authority in 1946. Unless I indicate I am quoting from an extant translation, all translations into English are my own.

2 At the GDR's second national festival for feature films in Karl-Marx-Stadt in 1982, *Die Beunruhigung* received the following prizes: Helga Schubert for scenario, Lothar Warneke for direction, Christine Schorn for lead actress, Walfriede Schmitt for best supporting actress, Thomas Plenert for camera, and Erika Lehmphul for editing. The audience jury declared *Die Beunruhigung* to be the most effective movie screened within the last two years, and the film—a rare instance for the GDR—was invited to the Venice Film Festival. See Haas and Wolf, *Sozialistische Filmkunst* 241; Dieter Wolf, "Die Beunruhigung" 138-40.

3 See Bettin and Gadebusch Bondio, 7.

4 On this aspect of GDR film and the impact of such "audience forums," which were habitually held in cinemas, see Gisela Bahr, "Film and Consciousness: The Depiction of Women in East German Movies (*Till Death do You Part*, *Solo Sunny*, *The Disturbance*, *Pauline's Second Life*)," in *Gender and German Cinema: Feminist Interventions*. Vol. 1: Gender and Representation in New German Cinema, edited by Sandra Frieden et al., Berg, 1993, p. 131.

5 Warneke's "Der dokumentare Spielfilm" is also partially reprinted in Warneke, *Film ist eine Art zu Leben*.

6 The infamous 1965 Eleventh Plenum of the SED Central Committee became known as the *Kahlschlag-Plenum* after Erich Honecker, who later became the General Secretary of the SED Central Committee (1971–1989), justified the banning of numerous films and books by declaring that skepticism and the development of socialism were mutually incompatible. Honecker insisted on the artists' commitment to a partisan approach to political and aesthetic evaluations of GDR reality, an approach that supported SED politics at all times. The events are documented in detail in Agde, *Kahlschlag*. Soldovieri's article "Censorship and the Law" highlights the most notable event of the plenum, the banning of *Das Kaninchen bin ich* (*The Rabbit is me*), a film by Kurt Maetzig based on a novel by Manfred Bieler only published after the fall of the Wall.

7 Stott emphasizes that the "documentary realist style, which became predominant in the 1970s and 1980s was far less costly [than genre films]. Warneke's *Die Beunruhigung*, for instance, […] was made with a budget of some 800,000 marks" (28-29). Stott further emphasizes Erika Richter's role as dramaturg for "Warneke's remarkable run of creative successes in the 1980s" (25).

8 Since November 1989, the image of the GDR as an authoritarian, paternalistic state that kept its population in a prolonged state of childhood has dominated political and cultural discourses on the GDR. For early examples, see, for example, Henrich, *Der vormundschaftliche Staat*; and Maaz, *Der Gefühlsstau*. Debbie Pinfold has demonstrated that this image needs to be complemented by official representations of the GDR as a child who tries to negotiate

its identity vis-à-vis its Soviet parental figures. See Pinfold, "'Das Mündel will Vormund sein.'"

9 Harhausen 101; Rinke 183, 189; Feinstein 210. In "Waren Ostfrauen wirklich anders?," Gräf emphasizes that starting in the 1960s, DEFA films screen women who prefer to be divorced than unhappily married (110).

10 Günther in "Arztrecht" considers this specific doctor-patient relationship unique in history (87). See Günther, "Patientenschutz" 161; Seifert 168, 304; Wagner 234. The *Bundesgerichtshof* (Federal Court of Justice) in the FRG considers a medical intervention, including a successful intervention carried out according to standard practice, as fulfilling the legal criteria for assault and battery according to §223 *Strafgesetzbuch* (StGB, Criminal Code). A patient's consent to treatment is therefore indispensable, with the exception of an emergency operation performed when the patient is unconscious and therefore unable to provide consent. See BGH judgment BGHSt 11.

11 See Lohmann 221; Juristisch-medizinischer Arbeitskreis der Vereinigung der Juristen der DDR 139-40.

12 For detailed analyses of the significance of illness and patients in the GDR medical system in Christa Wolf's novels *Nachdenken über Christa T.* and *Leibhaftig* see Klocke 34-113.

13 *The Quest for Christa T.*, 182. The German original reads: "Ich bin zu früh geboren. Denn sie weiß: Nicht mehr lange wird an dieser Krankheit gestorben werden" (179).

14 For a similar assessment of the ending, see Pinkert, 127.

15 Throughout *Dissonant Lives*, Fulbrook employs the term "1929ers" in her analysis of this generation's significance for the early years of the GDR. She explains that her research on the 1929ers was initially provoked by a joke she heard repeatedly, "to the effect that 'Christa Wolf was born in 1929, like everyone else in the GDR'" (252). Fulbrook considers Wolf "the 'classic 1929er'" (293). See Wierling, 205-08; Ahbe and Gries, "Gesellschaftsgeschichte als Generationengeschichte" 481.

16 For a similar reading, see Gersch 186-87.

17 Grashoff emphasizes the "Fähigkeit, bewusst auf die Umwelt einzuwirken und diese sowie sich selbst nach eigenen Vorstellungen und Zielen zu verändern" (282).

18 Reding insists on defining "unheilbar" (incurable) in relation to ideology (90). Also see Jahr.

19 Even though "schonend" has a more literal translation of "protective" or "protecting," I chose to translate "schonende Lüge" as "gentle lie" to better evoke what the practice entails: protecting patients from a reality that the medical profession in the GDR obviously considered as too harsh for patients to face. Bettin and Gadebusch Bondio similarly report that, at least in 1976, the gentle lie was still recommended practice (10-11). Hahn claims that it was gradually abandoned during the 1970s (78), but Günther in "Arztrecht" insists that it persisted until the end of the GDR, particularly in cases of incurable cancer (89).

20 "In einer Stunde muss ich ins Krankenhaus, und dann musst du mich hinbringen, weil sie gesagt haben, dem, der mich bringt, sagen sie die Wahrheit. Ja, dem sagen sie die Wahrheit. Und dem sagen sie die Wahrheit. Und dem sagen sie die Wahrheit und ich weiß die Wahrheit nicht."

21 Christa Wolf's diaries of February 16, 1971, February 22, 1971, and March 3, 1971 quoted in Reimann and Wolf 153-55.

22 Mandel and Lange similarly insist that even when patients ask specific questions, the content and form of the physicians' answers depend on what the doctors, not the patient, consider beneficial for the patient and the therapeutic goals. Also see Lohmann 221.

23 Ernst Günther and Ernst Luther, "Was schafft Geborgenheit? Zu einigen Resultaten des Ethik-Symposiums zum Thema Information – Wahrheit – Geborgenheit." *Humanitas*, vol. 29, no. 4, 1989, 9, quoted in Lohmann 221.

24 "Sie dürfe das nicht. […] Sie müsse. Zurückstecken. Die Verantwortung trügen sie. Nicht Helene. *Was, ich trage keine Verantwortung?*" (Schmidt 308; italics in original.)

25 For detailed analysis of Kathrin Schmidt's novel *Du stirbst nicht* and the significance of the GDR medical system in post-unification Germany, see Klocke 165-78.

26 See Hahn 80-82, 84, 74; Festge 97; Schleiermacher and Schagen 230; Seifert 60-61.