



INSCRIPTION AND REBELLION

Illness and the
Symptomatic Body
in East German
Literature


SONJA E. KLOCKE

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CAMDEN HOUSE

Rochester, New York

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First published 2015
by Camden House

Camden House is an imprint of Boydell & Brewer Inc.
668 Mt. Hope Avenue, Rochester, NY 14620, USA
www.camden-house.com
and of Boydell & Brewer Limited
PO Box 9, Woodbridge, Suffolk IP12 3DF, UK
www.boydellandbrewer.com

ISBN-13: 978-1-57113-933-7
ISBN-10: 1-57113-933-8

Library of Congress Cataloging-in-Publication Data

CIP data applied for.

This publication is printed on acid-free paper.
Printed and bound by CPI Group (UK) Ltd, Croydon, CR0 4YY

Inscription and Rebellion

Studies in German Literature, Linguistics, and Culture

Acknowledgments

THIS BOOK HAS GROWN over the course of several years. Many colleagues, mentors, friends, and family members shaped and encouraged it. Thanks go first to the Department of German at the University of Wisconsin-Madison for advocating a teaching release I received in spring 2014, and to the University of Wisconsin-Madison Graduate School with funding from the Wisconsin Alumni Research Foundation for supporting this project with summer funding in 2013 and 2014. Earlier stages of my research were sponsored by an Andrew W. Mellon Foundation Grant for Faculty Career Enhancement at Knox College, which allowed me to conduct research in the spring and summer of 2010.

I am fortunate to belong to the vibrant and collegial Department of German at the University of Wisconsin-Madison. I owe particular gratitude to Sabine Gross and Marc Silberman for guiding me through the publication process, and for offering advice, inspiration, and feedback at various stages of the project. Both of them, together with my colleagues and friends from different paths of life, Julie Allen, Claudia Breger, Kate Brooks, Claudia Kost, Peter Paul Schwarz, Jeff Simpson, Jill Suzanne Smith, and Faye Stewart, supported me by reading, discussing, and commenting on various portions of the manuscript, fellowship applications, or publishing materials. All of them provided invaluable feedback, sound advice, encouragement for my project, and generously shared their knowledge. Claudia Breger supervised my dissertation, parts of which laid the groundwork for this book. Over the course of many years, she has continued to be an inspiring mentor and friend. Claudia Kost listened to and commented on various stages of the project on a weekly basis. I cherish our Sunday-night dinners on Skype. My project also benefitted from discussions with numerous friends and colleagues in the Coalition of Women in German. I would not want to miss being part of this network. I am grateful to my wonderful friend and incredibly gifted colleague in the UW-Madison Art Department, Gerit Grimm, for allowing me to use a photograph of one of her ceramic sculptures for the cover of this book. Jim Walker and his staff at Camden House were wonderful to work with. In particular, I thank Jim for his enthusiastic reception of my topic from the first time we made contact. I am also grateful to the anonymous reviewers for their helpful suggestions and advice.

Parts of chapter 3 appeared in *Glossen* 26 (December 2007) under the title "Lost in Transition: 'Unfinished Women,' Insanity, and

Deviant Bodies as Locus of Memory in the No Man's Land of Thomas Brussig's *Wie es leuchtet*," and in *Germanistik in Ireland: Jahrbuch der/ Yearbook of the Association of Third-Level Teachers of German in Ireland* 5 (2010) under the title "Die frohe Botschaft der Kathrin Schmidt?—Transsexuality, Racism, and Feminist Historiography in *Die Gunnar-Lennefsen-Expedition* (1998)." An earlier version of some topics addressed in chapter 4 was published in *Emerging German Novelists*, edited by Lyn Marven and Stuart Taberner (Camden House, 2011) under the title "A Woman's Quest for Agency: Kathrin Schmidt, *Du stirbst nicht* (2009)." Both journals and Camden House have kindly granted permission to republish this material.

Words cannot express how grateful I am for my family: the repeated expressions of interest from my nephew, Timi, cheered me on; and especially the ongoing encouragement from my parents, Ellen and Hans-Joachim Klocke, has been a tremendous support, especially in the final stages of this project. I dedicate this book to them.

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Introduction

IN THE 2003 MOVIE *Good Bye, Lenin!*, the staunch socialist Christiane Kerner witnesses East Berlin's *Volkspolizei* (people's police) ruthlessly clubbing peaceful demonstrators during the celebrations marking the fortieth anniversary of the founding of the German Democratic Republic (GDR) in October 1989.¹ When she discovers her teenage son Alex among the predominantly young people demanding freedom of the press and the right to travel without restrictions, Christiane suffers a near-fatal heart attack, falls into a coma, and is hospitalized. When she awakens eight months later, the Berlin Wall has fallen, and the new furniture and appliances in the family's apartment signal the changes in society. The doctors warn Alex that any anxiety could kill her, prompting him to protect his mother from the historical transformations by reconstructing the GDR in and also as her sickroom. Christiane's death three days after German unification (October 3, 1990) and the dispersal of her ashes in the wind correlate with the end of the East German socialist state. Alex highlights this idea at the end of the film: "Das Land, das meine Mutter verließ, war ein Land, an das sie geglaubt hatte. . . . Ein Land, das in meiner Erinnerung immer mit meiner Mutter verbunden sein wird." (The country my mother left was a country she believed in. . . . A country that in my memory will always be linked with my mother.)² Alex's final words link the grief over his mother's death with the demise of the socialist state she believed in. They leave the audience with an opportunity to mourn the GDR, which symbolically comes to an end when the mother's body vanishes into thin air. When Alex emphasizes the role memory plays in connecting the GDR with Christiane, he points to the female character's function as a reminder of cultural, political, and historical memory. The son remembers the GDR through his mother, assigning her a commemorative function that suggests to the audience how history from below is an addition and a challenge to hegemonic historiography.³

This film became the biggest commercial success of any German film since the fall of the Berlin Wall. It won numerous European awards, circulated internationally, and was nominated for a Golden Globe for Best Foreign Language Film. It brings together several topics: the (final days of the) GDR and its state authorities' brutal exercise of power; a gendered body reacting physically and submitting to medical treatment in a GDR hospital; and the cultural, political, and historical memory of the GDR linked to an ailing female body. These topics are also crucial

in a significant number of East German literary texts. Their convergence forms the core of the prose works analyzed in this book. This includes GDR as well as post-GDR texts written by authors who lived in and portray the GDR, published both before and after October 1990.⁴

The conspicuous existence of post-1989 texts focusing on the GDR and the noted convergence of topics in East German literature raise several questions. First, why does the GDR remain a persistent topic, well into the twenty-first century? After all, *Good Bye, Lenin!* is not a singular phenomenon but one of many popular texts that revolve around, remember, and often creatively re-imagine the GDR.⁵ Second, what is the significance of ill, female (both cis- and transgender) bodies and of GDR medical institutions at the center of many texts focusing on the GDR and its demise?⁶ And finally, to what extent is this convergence of illness, gender, bodies, and the (socialist) state a literary convention that is specific to East German literature? If this custom proliferated in GDR literature, how did it develop after unification?

To explore these questions, this book offers a dual approach. In the first part, it examines prose texts by Christa Wolf (1929–2011), the GDR's most prominent writer, who ideologically and emotionally identified with the socialist state. Emphasizing the importance of her portrayal of ill female bodies and the healthcare system, the first two chapters demonstrate how Wolf mobilized her work to expose imperfections and inconsistencies of the socialist state through representations of illness inscribed on female characters who are subjected to male-dominated medical institutions. Chapter 1 concentrates on the author's pre-unification texts and particularly on *Nachdenken über Christa T.* (1968; *The Quest for Christa T.*, 1970), which highlights the female body marked by psychosomatic ailments and fatal disease in order to expose the obstacles Wolf discerned in advancing the socialist state.⁷ The protagonist's physical reaction to political events of the 1950s and 1960s is illness and death. Read with a focus on the body as it relates to its socio-political environment, the text reveals the author's ongoing belief in the future of socialism. Chapter 2 discusses developments in Wolf's writing strategies after the fall of the Wall. For example, *Leibhaftig* (2002; *In the Flesh*, 2005) focuses more centrally and dramatically on the ill female body than any other of Wolf's novels. Reading it in conjunction with *Stadt der Engel oder The Overcoat of Dr. Freud* (2010; *City of Angels, Or the Overcoat of Dr. Freud*, 2013) reveals the extent to which bodies serve as symbolic spaces where political conflicts and the individual's struggles play themselves out in Wolf's oeuvre, both pre- and post-unification. This comparative approach further uncovers how Wolf negotiates societal problems and discourses surrounding the memory of the GDR through medical discourses after the historical turning point of 1989.

The second half of this study traces the ways in which Wolf's representations of ill female bodies and of the GDR healthcare system have

inspired the literary production of writers who were raised in the GDR, were shaped by its political system, and who have published either predominantly or exclusively after 1989.⁸ Discourses on bodies as well as the medical system, including the genetic and pharmaceutical research conducted on patients in the GDR as retrospectively imagined in Kerstin Hensel's *Lärchenau* (Lärchenau, 2008), Kathrin Schmidt's *Die Gunnar-Lennefsen-Expedition* (The Gunnar-Lennefsen-Expedition, 1998), and Thomas Brussig's *Wie es leuchtet* (How It Shines, 2004), are the topics of chapter 3. Chapter 4 explores Antje Rávic Strubel's *Sturz der Tage in die Nacht* (When Days Plunge into Night, 2012), Kathrin Schmidt's *Du stirbst nicht* (You Are Not Going to Die, 2009), and again Kerstin Hensel's *Lärchenau*. These post-GDR novels use bodies and medical discourses to reveal vestiges of the GDR lingering in unified Germany. In a manner reminiscent of Christa Wolf's writing style, the GDR, and sometimes even the fascist German past, emerge as overshadowing contemporary East German lives as expressed in the characters' suffering. Here bodies that are preoccupied with—and often plagued by—their GDR past provide readers with a sense of the lived experiences of GDR citizens; experiences that—in the manner of a history from below—give voice to those previously marginalized in a way that can add to, and challenge, hegemonic historiography.

The close readings offered in chapters 3 and 4 illustrate how these younger post-GDR authors playfully engage with Wolf's oeuvre and writing style and implicitly or explicitly refer to her use of ill bodies and the depiction of medical institutions. Both the novels that retrospectively imagine the GDR—explored in chapter 3—and the fictional texts that portray suffering characters haunted by their GDR past—probed in chapter 4—disclose the underlying propinquity of Christa Wolf and her works. Through this comparative look at individual post-GDR prose texts, we can see how even in very recent fiction that may not initially seem concerned with the GDR, the socialist state uncannily surfaces in medical discourses or is signaled by bodies suffering from illness. This study thus maps a genealogy of an East German literary convention: indicating, criticizing, and rebelling against political and social norms and constraints is depicted in specific instances, states, and manifestations of the body within the operations of a healthcare system. It is a poetic practice that has not only continued, but proven fertile in generating portraits of the GDR, its demise and its wholesale subsumption by the FRG, as well as the loss of utopian energy in post-GDR fiction. In order to render the significance of ill bodies in East German prose fiction visible, this study establishes a conceptual framework in which research investigating the GDR medical system—a system shaped by Marxist-Leninist thought—and scholarship on the significance of the female body for conceptions of the nation and German history intersect.

“Health Is a Valuable Asset of the State”: The Idiosyncrasies of the GDR Healthcare System

German studies scholarship has pointed to the proliferation of fictional discourses about illness and health—predominantly, but not exclusively, in East German literature—in the aftermath of the so-called *Wende* of 1989/90, and explained the phenomenon as a means to express threats to the social body after the fall of the Wall.⁹ This observation, while accurate, overlooks the fact that depictions of illness and bodies in medical institutions were already abundant in GDR literature before the fall of the Wall; and they continue to play a vital role in post-GDR fiction written in the twenty-first century.¹⁰ Given the profusion of discourses of pathology in East German literature dealing with the idiosyncrasies of the political situation both before and after unification, it might seem surprising that scholarship has largely neglected to focus on the links between illness, medical institutions, and history.¹¹ Yet the disregard for the portrayal of the GDR medical system and its patients pre- and post-unification may partially be explained by the lack of serious and unbiased scholarly work on the specificity of the quotidian reality in GDR medical institutions. Such research would have to build on archival material as much as on the testimony of contemporary witnesses whose individual experiences, taken in their entirety, could illuminate the complex processes at work in medical institutions as well as these institutions’ cooperation with individual stakeholders. While serious attempts to expand such research have been made in the last few years and continue to be made, scholarship on the subject is clearly still in its fledgling stages.¹²

In *The People’s State*, Mary Fulbrook points out that in the GDR, “as everywhere, the very physical existence of people—their births, the pattern of their illnesses, the manner and timing of their deaths—cannot be disentangled from the circumstances in which they lived” (90). Without doubt, the political, social, and also the GDR medical system was different from that of all other German-speaking countries; and while the GDR as a political entity has ceased to exist, the cultural aspects persist, including a medical culture influenced by and medical staff trained in accordance with Marxist-Leninist thought.¹³ Precisely because of this link between illness and politics, medical discourses that surface in GDR and post-GDR literature produced by writers who experienced the GDR medical system first-hand can be enlightening. I therefore place depictions not only of diseased female (both cis- and transgender) bodies, but also of the healthcare system in East German literature into dialogue with the available medical-historical research. Additionally, I investigate the link between the medical system and surveillance by the Stasi.¹⁴ This approach demonstrates East German literature’s capacity to function as a reservoir of knowledge about everyday culture in the

GDR which can contribute to writing a GDR history that challenges dominant narratives.

Michel Foucault's work on the emergence of medical institutions since the eighteenth century informs our understanding of how governments increasingly control medical institutions and therapeutic spaces. The latter were linked with other state institutions such as prisons or courts in order to enforce norms resulting from medical "truth" and contingent on culture and history.¹⁵ Considering the medical realm as part of a larger power network is essential in the case of the GDR, which built and later consolidated various state institutions along the lines of Marxist-Leninist ideology. As early as 1946, people's health and access to free medical care for everyone in the Soviet Occupied Zone were of official concern, and the Soviet Military Administration began developing a nationalized healthcare system. The overall concept was based on healthcare policies propagated by the German labor movement prior to the "Third Reich" and the Soviet model. Lenin's idea that health presented "ein wertvolles Staatseigentum" (a valuable asset of the state) linked healthcare with the state's interest in utilizing each citizen's productivity for the building of socialism.¹⁶ From the start, however, improving citizens' health was also seen as an aspect of "democratization." For many people, the new socialist system constituted a significant improvement regarding access to healthcare. At the same time, the ideological emphasis on the collective implied that the individual was to be physically incorporated into the socialist state. In other words, the individual bodies came to be regarded as the property of the GDR and thus as representative of, even capable of standing in symbolically for the state and its socialist values.

Since symbolic and physical appropriation could not be detached from each other, the body's perfect semiotic performance depended on its state of physical health—which had to be controlled and regulated by a variety of state institutions, particularly the medical system. Since the 1950s, the widely circulated slogan "die beste Prophylaxe ist der Sozialismus" (the best prophylaxis is socialism) accordingly points to the significance of prevention, both on the medical and the social level.¹⁷ Again, overcoming social difference clearly included eliminating health disparities caused by class difference.¹⁸ At the same time, the individual had no chance to opt out: since the body was deemed both a possession and a metonymic representation of the socialist state, failure to participate in preventive programs would have been tantamount to an attack on state property.

To enforce this conception of the socialist body as a public asset whose health had to be assured, the government attempted to anchor the medical system ideologically by placing reliable members of the ruling *Sozialistische Einheitspartei Deutschlands* (SED, Socialist Unity Party of Germany) in significant new positions in the public health sector and particularly in university hospitals.¹⁹ Both the facilities and the medical

staff were integrated into the centralized state-run system and became subject to a socialist professional ethics that emphasized each doctor's responsibility towards society over patient care.²⁰ Several university reforms, the first introduced as early as 1946, ensured that degree programs in medicine were adapted accordingly by incorporating new compulsory classes in areas including the humanities, Marxism-Leninism, and political economy.

Compared with these swift modifications, the infiltration of the medical system by Stasi informants began later, in the second half of the 1950s, after Erich Mielke assumed office as Minister for State Security in November 1957.²¹ While his predecessor Ernst Wollweber had focused on Stasi activities outside the GDR, Mielke considered domestic affairs more significant. The medical system came into focus because of the high number of physicians and nurses who left the GDR before the Wall was built in 1961, which resulted in a dramatic shortage of physicians and nursing staff and placed a strain on remaining coworkers.²² While the Wall mitigated the crisis in the healthcare system as the number of physicians leaving the GDR decreased after 1961, the situation worsened again in the 1970s when more employees took advantage of relaxed travel restrictions for professionals in the Honecker years and left for the West. Consequently, Stasi infiltration in medical institutions, particularly in hospitals, increased steadily in subsequent years: the aim was less to gather information about patients than to gain knowledge about physicians planning to leave the country illegally.²³ A 1976 order issued by the Ministry for State Security also cast Stasi officers in the somewhat surprising role of mediating between hospitals and doctors, and later between physicians and the SED. They participated in finding solutions for conflicts that doctors, in particular, had to face in their quotidian life in GDR hospitals (Süß, *Pm*, 234).

GDR law placed a great deal of power in the hands of physicians—power that could easily be directed against individual patients' interests. The GDR-specific doctor-patient relationship in particular, in which there was no legal contract between a patient and a doctor, meant that the responsibility for balancing the protection of a patient's individual health and the greater good of the community rested entirely with the physician. In this context, the physician Susanne Hahn highlights the major difference between the GDR's *Betreuungsverhältnis* (medical care relationship) and legal practice in the Federal Republic of Germany (FRG):

Während in der BRD der ärztliche Eingriff im Strafrecht . . . als Körperverletzung galt und bis heute gilt, die nur durch die Einwilligung des Patienten exkulpiert werden kann, war der indizierte und lege artis durchgeführte ärztliche Eingriff in der DDR prinzipiell eine Heilbehandlung.

[While in the FRG a medical intervention has been and still is considered an infliction of bodily harm in criminal law, which can only be suspended by means of a patient's consent, a prescribed medical intervention deemed necessary and carried out according to standard practice was, as a matter of principle, considered therapy in the GDR.]²⁴

GDR law left decisions regarding a prescribed therapy exclusively to the physician. While the medical staff tried to persuade patients to agree to compulsory examinations and, if applicable, to treatment, patients knew they were obligated to follow doctors' orders either way. As "socialist personalities" firmly committed to the advancement of socialism, it was incumbent upon patients to cooperate since individual health and the health of the community—in analogy to personal and societal interests—were considered one entity.²⁵ Accordingly, patients had to participate in any measure supporting the *Volksgesundheit* (community health), such as preventative personal hygiene, vaccination campaigns, and medical screenings.²⁶

This centralized approach proved 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 dismantled in the unification process.²⁷ 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 preventative care.²⁸ On the downside, these measures implied 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 collective.²⁹ In other words, while GDR citizens benefitted from the healthcare system in a supposedly classless society, these benefits simultaneously demanded compliance with the needs and goals of GDR society at large.

Class differences emerged primarily in terms of privilege when the socialist state encountered glitches that presented obstacles to its goal of providing adequate healthcare services to everyone. While in the FRG and other capitalist countries the economic situation of the patient is the main factor in determining privilege in the healthcare system, in the supposedly classless society of the GDR the system of privilege was largely a function of politics.³⁰ Members of the government, political cadres, high-ranking military officers, veterans of the "antifascist struggle," and representatives of the wider socialist elite—including members of the cultural

intelligentsia—were treated in special hospitals that were substantially better equipped with supplies and medical technology.³¹ Yet, since the semiotic function of every citizen's physical body for the state depended on its health, all regular hospitals did not as a rule differentiate among patients admitted.³² While socialist countries, too, needed to make decisions regarding the availability of specialized care for specific patients, the GDR was generally interested in providing all citizens—who, after all, formed the collective—with the best care the state could possibly afford to ensure the well-being of its assets, or: the bodies that also served as the metonymic representation of the GDR. In other words, if those bodies became ill, they temporarily escaped the state's control in what amounted to a form of rebellion. In these instances the impairment of the body's semiotic performance doubled as damage to state resources.

Symptomatic Bodies as a Form of Rebellion and Corporeal Memory

As indicated earlier, this book's point of departure—the convergence of illness, gender, representations of the body, and the (socialist) state in the discursive field of East German fiction—raises questions of literary conventions, politics, and historiography. When tackling these concerns and themes, the physicality of the body and the significance of corporeal memory for understanding and interpreting the past inevitably move to the forefront. Sigrid Weigel asserted that memory discourses in Western traditions developed a tendency to downplay corporeal memory, not least of all as a result of the significance assigned to psychoanalytical models deemed capable of dealing with the past in order to incorporate it into the present and the future.³³ Without aiming to slight the importance of psychoanalytical approaches, I emphasize the corporeal dimension of lived experience. As I will demonstrate in what follows, the knowledge embodied in what I call the *symptomatic body* comes to the fore as a powerful socioaesthetic construct in East German literature. The symptomatic body in these fictional worlds is identified as female by the society in which it moves; historical and political events leave their traces on the character's flesh and/or psyche, where they appear as physical and/or psychological illness.

The symptoms range from headaches, fevers, and blindness to severe depression and loss of speech. Sometimes, sickness opens up possibilities for temporary escape from uncomfortable circumstances or psychic conflicts; at other times, physical symptoms serve as warning signs that allow a fictional character to prepare for outside threats. Scars on the body indicate violent experiences during surgery or imprisonment; they can even

be deciphered as a tattooed number burned into the flesh in a Nazi concentration camp. The fictional characters who endure the various physical and psychological wounds largely understand the opportunities inherent in their suffering: supported by their symptoms, these bodies gain access to previously hidden memories and to knowledge of the past. When the historical learning process materializes in a visible inscription on the flesh, these bodies become mnemonic sites. While the fictional characters analyzed in this study take up very different positions vis-à-vis the social reality that triggers their symptoms, their bodies all produce insight into or increased awareness of a political situation and often greater cognizance of their individual entanglement in political affairs. Symptomatic bodies placed in specific historical circumstances—such as revolutions or wars—invite us to read them as allegories for the body politic: a character's health is then turned into a seismograph of the state of the country. A severely ill character might mirror a state struggling for survival: disease thus indicates social problems and criticizes political norms. A character's physical breakdown might challenge the ideology at the core of a portrayed state; a patient's survival, in turn, can signal victory and possibly confirm an ideology.

While the prototype is the cis-gender female body marked by illness, the spectrum of symptomatic bodies also includes transgender and transsexual female bodies as well as persons with intersexual bodies who choose to identify as female.³⁴ Of particular interest in these literary texts are cis- and transgender, transsexual, and intersexual females who are forced to submit to a healthcare provider because the diegetic social world in which they move considers this necessary. This can, for example, affect pregnant women as well as transsexual persons forced to undergo surgery. Both the depicted medical systems and the traces left on the body as a consequence of their therapeutic interventions speak to the power of the socio-political forces at work in the examined prose texts. Understood in this manner as a socioaesthetic construct in literature and a locus of cultural inscriptions,³⁵ symptomatic bodies can be analyzed with regard to their aptitude to resist, display, or reinforce structures of domination in the displayed fictional worlds.

Simone Barck's claim that GDR fiction is a more illuminating source of knowledge about GDR society than scholarly publications by historians includes the medical realm and medical historiography.³⁶ This is particularly true since in the GDR, discussions surrounding problematic topics—such as, for example, questions regarding ethics in the medical field—tended to take place in small circles, not in public forums supported by the media. Since the GDR mass media merely broadcast experts' decisions, much of the reflection about illness and patients in medical institutions in the GDR that became available to the general public was