

**Orders of Eating and Eating Disorders:  
Food, Bodies and Anorexia Nervosa in the  
German Democratic Republic, 1949-1990**

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**PhD Thesis**

I, Neula Kerr-Boyle, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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### **Abstract**

This thesis is an historical study of anorexia nervosa in the German Democratic Republic. Its central premise is that any understanding of the existence of anorexia nervosa must be predicated upon an investigation of the material conditions, cultural discourses and social practices surrounding eating and the body, and the ways in which these conditions, discourses and practices constructed (gendered) subjectivities and behaviours. The thesis draws on archival material, questionnaires and oral history interviews addressing the topics of food, health and bodies, as well as personal experiences of self-starvation.

The thesis tests and contests current socio-cultural approaches to anorexia nervosa which locate it within a specifically capitalist context of abundance, linking it not only to the economic imperatives of capitalist industries but also to societal gender structures. The GDR presents a very different socio-cultural context. Not only did it have a “shortage economy” with an absence of capitalist industries, but the economic position of women was different from that of their western counterparts, with over 90% of them in paid employment by the end of the 1980s.

This study also provides new ways of understanding the GDR by teasing out the complex interactions between Nazi and pre-Nazi cultural legacies, new socialist ideas and values, and western cultural influences in the production of East German discourses and practices relating to eating and the body. By exploring the production of these discourses and practices, and the interactions between government propaganda, popular culture and the medical and scientific professions, the thesis provides an analysis of the inter-connectedness of body, self and society in the GDR, 1949-1990.

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## List of Abbreviations

BArch	<i>Bundesarchiv</i> (Federal Archive)
BZ Arch	<i>Berliner Zeitung Archiv</i> ( <i>Berliner Zeitung</i> Archive)
CVD	Cardiovascular disease
DEFA	<i>Deutsche Film-Aktiengesellschaft</i> (German Film Studios)
DHMD Arch	<i>Deutsches Hygiene-Museum Dresden Archiv</i> (German Hygiene Museum Dresden Archive)
DIfE Arch	<i>Deutsches Institut für Ernährungsforschung Archiv</i> (German Institute for Nutrition Research Archive)
DFD	<i>Demokratischer Frauenbund Deutschlands</i> (Democratic German Women's Association)
DSM-III-R	<i>Diagnostic and Statistical Manual of Mental Disorders</i> (revised third edition, 1987)
DTSB	<i>Deutscher Turn- und Sportbund</i> (German Gymnastics and Sports Association)
EAT	Eating Attitudes Test
EDI	Eating Disorder Inventory
FDGB	<i>Freier Deutscher Gewerkschaftsbund</i> (Free German Trade Union)
FDJ	<i>Freie Deutscher Jugend</i> (Free German Youth)
FRG	<i>Federal Republic of Germany</i> (West Germany)
GÄP	<i>Gesellschaft für Ärztliche Psychotherapie</i> (Society for Medical Psychotherapy)
GDR	<i>German Democratic Republic</i> (East Germany)
MMPI	Minnesota Multiphasic Personality Inventory
SächsHStA	<i>Sächsisches Hauptstaatsarchiv</i> (Saxon Central State Archive)
SAPMO	<i>Stiftung der Parteien und Massenorganisationen</i> (Foundation for Parties and Mass Organisations)
SED	<i>Sozialistische Einheitspartei Deutschlands</i> (Socialist Unity Party)
Stasi	<i>Staatssicherheitsdienst</i> (State Security)
VEB	<i>Volkseigener Betrieb</i> (People's Own Factory)
ZIJ	<i>Zentralinstitut für Jugendforschung</i> (Central Institute for Youth Research)



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## Chapter 1

### Introduction

There are two significant misconceptions about anorexia nervosa in the German Democratic Republic (GDR), both of which are underpinned by the notion that the socio-cultural context of the GDR did not provide fertile ground for the development of self-starving behaviour. First, there is a widespread belief that it barely existed within “actually existing socialism”. Second, it has been claimed that, when it did present itself among the East German population, socio-cultural factors such as sexism and dieting behaviour played an insignificant role in its production, compared to in western nations, such as the Federal Republic of Germany (FRG).<sup>1</sup> A key aim of this thesis is to challenge these misconceptions. To do this, the thesis will explore the material conditions and discursive frameworks within which the practice of self-starvation in the GDR has been constructed, experienced and understood.

The idea that anorexia nervosa barely existed in the GDR is belied by the historical evidence, which reveals that significant numbers of cases were treated in East German hospitals throughout the period 1949 to 1990. Many of these cases were treated in the *Nervenklinik* (psychiatric clinic) of the Charité Hospital in East Berlin. For example, a book published in 1963 reveals that in 1959 and 1960 ten patients were treated there for anorexia nervosa.<sup>2</sup> In 1984, it was reported that between 1975 and 1983, sixty nine female and three male patients had received treatment.<sup>3</sup> Two years earlier, in 1982, an article revealed that between September 1979 and March 1981 eighteen girls and three boys had been treated for adolescent anorexia nervosa (*Pubertätsmagersucht*) in the *Nervenklinik's* Department for Paediatric

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<sup>1</sup> See K.-J. Neumärker and J. Hein, “Commentary I”, in Mervat Nasser, Melanie Katzman and Richard Gordon (eds), *Eating Disorders and Cultures in Transition* (New York: Taylor and Francis, 2001), 137-142.

<sup>2</sup> Karl Leonhard, *Individualtherapie der Neurosen* (Berlin: VEB Gustav Fischer Verlag, 1963), 261.

<sup>3</sup> Gisela Ehle, “Das Wechselspiel sozialer, innerpsychischer und biologischer Faktoren für die Ätiopathogenese der Anorexia nervosa”, *Schweizer Archiv für Neurologie und Psychiatrie*, 134, 1, 1984, 81-91.

Neuropsychology (*Abteilung für Kinderneuropsychiatrie*).<sup>4</sup> Furthermore, an article published in 1990 noted that psychiatrists in this department had been conducting a long-term follow-up study of eighty three patients who had been treated for *Pubertätsmagersucht* in the department since September 1979.<sup>5</sup>

Not only do these figures give an impression of the numbers of patients being treated in the largest treatment centre for eating disorders in the GDR, they also suggest that the incidence rate was rising in the 1980s. For example, the 1982 article stated that “epidemiological analyses record a constant increase in the disease in recent years, particularly in the so-called industrialised countries”.<sup>6</sup> However, although there is the implication that this statement includes the GDR, this is not made explicit. Another psychiatrist at the Charité’s *Nervenklinik* was more circumspect when she stated in 1985 that although the literature about the aetiology and therapy of *Pubertätsmagersucht* had expanded enormously in recent years, “it is not clear whether the disease has become more frequent or just the interest in it.”<sup>7</sup> Whether or not the *overall* incidence rate of anorexia nervosa increased in the GDR during the 1980s, there is evidence that the numbers of individuals *hospitalised* due to an eating disorder did increase. One study estimated that between 1980 and 1989, there was a rise from 3.4 to 5.3 in-patients per 100,000 female residents.<sup>8</sup>

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<sup>4</sup> R. Döll and K.-J. Neumärker, “Bemerkungen zur Therapie der Pubertätsmagersucht”, *Das deutsche Gesundheitswesen*, 37, 15, 1982, 677-680. In East German medical and psychiatric texts, a distinction is made between adolescent and adult anorexia nervosa. The former is usually referred to as *Pubertätsmagersucht*, while the latter is referred to either as *Magersucht* or anorexia nervosa. This distinction had been made in the German-speaking world since before the Second World War.

<sup>5</sup> K.-J. Neumärker, U. Dudeck and U. Neumärker, “Wie sicher ist die Diagnose ‘Anorexia nervosa’?”, *Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie*, 18, 1990, 133-139.

<sup>6</sup> *Ibid.* Reports from countries on both sides of the Iron Curtain support this claim. For example, an article published in 1986 states that the number of hospitalised cases of anorexia nervosa in Prague rose from five in 1973 to twenty four in 1983. See Frantisek Faltus, “Anorexia Nervosa in Czechoslovakia”, *International Journal of Eating Disorders*, 5,3, 1986, 581-585. The rise in cases appears to have been particularly dramatic in the United States. For example, according to Brumberg, in the 1960s the University of Wisconsin Hospital typically admitted one anorexic patient per year. In 1982, over seventy cases were admitted to this hospital. See Joan Jacobs Brumberg, *Fasting Girls: The History of Anorexia Nervosa* (New York: Vintage Books, 1988), 15.

<sup>7</sup> Sieglinde von Trostorff, “Katamnestiche Untersuchungen bei Patienten mit Pubertätsmagersucht”, *Psychiatrie, Neurologie und medizinische Psychologie*, 37, 1985, 90-100.

<sup>8</sup> See Klaus-Jürgen Neumärker and Andreas Joachim Bartsch, “Perspectives of eating disorders from the Charité Hospital in Berlin”, *European Child and Adolescent Psychiatry*, 12, 2003, supplement 1, 4-19. These figures are also cited in Neumärker and Hein, “Commentary I”, 140.

Furthermore, an article published in 1989 predicted a rise in the incidence rates of anorexia nervosa and other eating disorders, such as bulimia and obesity.<sup>9</sup>

Ultimately, it is impossible to know the extent to which anorexia nervosa existed in the GDR. Unlike for cases of cancer, there was no official register for cases of self-starvation, and no epidemiological studies of overall incidence rates were conducted.<sup>10</sup> The cases referred to in East German medical journals represent the most serious ones which had resulted in hospitalisation. Undiagnosed cases and those not treated in hospitals have largely been lost from the historical record. Only by conducting oral history interviews can knowledge of such cases be uncovered. Another obstacle hindering knowledge of the extent of anorexia nervosa in the GDR is that no single set of diagnostic criteria was uniformly used.<sup>11</sup> Indeed, before the 1980s none of the reports about anorexia nervosa, which appeared in East German medical journals, stated clear criteria for diagnosis. This changed in the 1980s with several East German authors citing the use of Feighner's 1972 criteria.<sup>12</sup> In 1990 reference was also made to use of the DSM-III-R diagnostic criteria for anorexia nervosa.<sup>13</sup>

<sup>9</sup> Gisela Ehle, Ina Preller and Wolfgang Preller, "4-Jahres-Katamnese von 72 Patienten mit Anorexia nervosa", *Zeitschrift für klinische Medizin*, 44, 25, 1989, 2213-2216.

<sup>10</sup> This point was made by Professor Neumärker during the interview conducted for this study on 27<sup>th</sup> August 2010.

<sup>11</sup> This point is made in Gisela Ehle and Jürgen Ott, "Das Syndrom Anorexia nervosa", *Psychiatrie, Neurologie und medizinische Psychologie*, 33,10, 1981, 577-588.

<sup>12</sup> The following reports stated the use of Feighner's 1972 criteria for anorexia nervosa: Ehle and Ott, "Das Syndrom Anorexia nervosa"; Döll and Neumärker, "Bemerkungen zur Therapie der Pubertätsmagersucht". Feighner's 1972 diagnostic criteria for anorexia nervosa were developed by American psychiatrists. They stated that the conditions necessary for the diagnosis of anorexia nervosa were: (a) onset prior to age 25; (b) weight-loss of at least 25% of original body weight; (c) a disordered attitude toward eating food or weight that over-rides hunger, admonitions, reassurance, and threats; (d) anorexia and weight-loss not accounted for by medical illness; (e) no evidence of psychiatric disorder, such as primary affective disorder, schizophrenia, or obsessive-compulsive neurosis; and (f) evidence of at least two of the following: amenorrhea, lanugo, bradycardia, periods of overactivity, and episodes of bulimia and vomiting. See L. Alexander-Mott, "Anorexia Nervosa: Definition, Diagnostic Criteria and Associated Psychological Problems", in L. Alexander-Mott and D. Barry Lumsden (eds), *Understanding Eating Disorders: Anorexia Nervosa, Bulimia Nervosa and Obesity* (Washington D.C. and London: Taylor and Francis, 1994), 107.

<sup>13</sup> Neumärker, Dudeck and Neumärker, "Wie sicher ist die Diagnose 'Anorexia nervosa'?" . Published in 1987, the DSM-III-R was a revised version of the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (1980). It defined anorexia nervosa with the following criteria: (a) refusal to maintain body weight over a minimal weight for age and height, e.g. weight-loss leading to the maintenance of body weight 15% below that expected, or failure to make expected weight-gain during period of growth, leading to body weight 15% below that expected; (b)

In light of these hindrances, it is difficult to compare incidence rates in the GDR with those in contemporaneous western societies. Unlike in the GDR, formal epidemiological studies were conducted in the West prior to 1990. In part, this reflected the popular and medical interest in the “disorder” which had existed in western nations since the 1970s. However, these studies suffered from significant methodological limitations, such as failing to use uniform diagnostic criteria. Consequently, the results obtained from different studies varied enormously and make comparisons problematic.<sup>14</sup> Therefore, due to the sum of these difficulties, the current study does not attempt to compare the incidence rates in the GDR with those in other societies. It does not claim that the “disorder” was more or less frequent in the GDR than elsewhere. Rather, it is predicated on, and contributes to, the historical evidence that anorexia nervosa did, despite popular misconceptions to the contrary, exist in “actually existing socialism”.

### **I. Socio-Cultural Approaches to Anorexia Nervosa**

In order to understand the development of the misconception that the socio-cultural context of East Germany did not provide fertile ground for the production of anorexia nervosa, it is necessary to explore some of the key arguments which underpin socio-cultural approaches to the “disorder”. These approaches first gained prominence in the West in the 1970s and 1980s. Before then, dominant theories about the aetiology of anorexia nervosa had stemmed from bio-medical and psychological approaches, which rooted it in the individual’s body and/or mind. Although psychological approaches did not entirely ignore social factors, considerations were limited to the individual’s immediate environment, such as

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intense fear of gaining weight or becoming fat, even though underweight; (c) disturbance in the way in which one’s body weight, size or shape is experienced, e.g. the person claims to “feel fat” even when emaciated, believes that one area of the body is “too fat” even when obviously underweight; and (d) in females, absence of at least three consecutive menstrual cycles when otherwise expected to occur. These criteria differed from those in the DSM-III (1980) in that the weight-loss requirement had been reduced and amenorrhea had been introduced as an essential criterion. See Alexander-Mott, “Anorexia Nervosa: Definition, Diagnostic Criteria and Associated Psychological Problems”, 107.  
<sup>14</sup> See Richard A. Gordon, *Eating Disorders: Anatomy of a Social Epidemic* (Oxford: Blackwell, 2000), 62-78; and Brumberg, *Fasting Girls*, 13-17.

family relationships. Furthermore, the “anorexic” individual was cast as someone whose development was “abnormal” and “pathological”. Little attention was paid to the wider cultural context in which individuals developed self-starving behaviour. It was only with the flourishing of the second wave feminist movement in the 1970s that serious attention began to be paid to this wider cultural context.

One of the first aspects of contemporary western culture which became the focus of socio-cultural approaches to anorexia nervosa was “the tyranny of slenderness”.<sup>15</sup> Indeed, since the 1980s it has become widely taken for granted that cultural representations of, and social demands for, female slenderness play a key role in the development of anorexia nervosa and other eating disorders. The modern visual media and other capitalist industries, particularly the advertising, fashion and dieting industries, are held responsible for glamorising the slim/thin female body and putting pressure on girls and women to strive for bodily “perfection”. This, it is asserted, creates a fat-phobic environment in which it becomes “normal” for girls and women to worry about the appearance of their body and to diet in order to gain or maintain slenderness. According to proponents of this argument, “when and where people become obesophobic and dieting becomes pervasive, we can expect to see an escalating number of individuals with anorexia nervosa and other eating disorders.”<sup>16</sup>

Thus, according to the “tyranny of slenderness” argument, negative representations of the “fat” body and positive representations of the “slender” body “serve as the primary stimulus for anorexia nervosa.”<sup>17</sup> Unsurprisingly, this argument has been criticised for portraying girls and women as “dupes”, who unthinkingly accept the

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<sup>15</sup> This phrase was coined by Kim Chernin, an American psycholanalytically-informed writer about eating disorders, to describe the cultural obsession in contemporary western, capitalist societies with female slenderness. See Kim Chernin, *The Obsession: Reflections on the Tyranny of Slenderness* (New York: Harper & Row, 1981).

<sup>16</sup> Brumberg, *Fasting Girls*, 41. Another proponent of this argument is Richard Gordon, who points out that “a number of research studies have clearly indicated that dieting is a particularly powerful antecedent of eating disorders.” See Richard Gordon, “Eating Disorders East and West: A Culture-Bound Syndrome Unbound”, in Nasser, Katzman and Gordon (eds.), *Eating Disorders and Cultures in Transition* (Hove and New York: Routledge, 2001), 1-16.

<sup>17</sup> Brumberg, *Fasting Girls*, 35.

cultural images with which they are presented. In response to this criticism, some feminists have pointed to the “normativising” power of cultural representations, which work to discipline individual subjectivities and bodies. This is perhaps best summed up by Susan Bordo when she says:

Cultural images are never “just pictures”...They speak to young people not just about how to be beautiful but also about how to become what the dominant culture admires, values, rewards...And it is images, too, that teach us how to see, that educate our vision in what is a defect and what is *normal*, that give us the models against which our own bodies and the bodies of others are measured.<sup>18</sup>

In line with this argument, Bordo asserts elsewhere that because western, capitalist societies value female slenderness so highly, women who pursue it must be regarded as making a rational choice: “People know the routes to success in this culture – they are advertised widely enough – and they are not “dopes” to pursue them.”<sup>19</sup>

As well as pointing to cultural representations of the slender female body and to the vested interests of capitalist industries, feminist arguments focus more generally on women’s position in western, patriarchal societies. In the late 1970s and 1980s, key feminist texts argued that anorexia nervosa was a response to psychological conflicts which were produced by women’s inferior social status in contemporary capitalist societies. Some argued that the anorexic control of food and the body emerged from women’s sense of powerlessness and ineffectiveness within society.<sup>20</sup> Others argued that it was rooted in women’s shame and fear of their own desires. This was linked, they asserted, to the basic demand of femininity, which required women to subordinate their own needs and desires to those of others. According to this argument, the control of food was a metaphor for the control of the needy self.<sup>21</sup>

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<sup>18</sup> Susan Bordo, “Not just ‘a white girl’s thing’: The Changing Face of Food and Body Image Problems”, in Helen Malson and Maree Burns (eds), *Critical Feminist Approaches to Eating Dis/Orders* (London and New York: Routledge, 2009), 46-59. Quotation from p. 52.

<sup>19</sup> Susan Bordo, *Unbearable Weight: Feminism, Western Culture and the Body* (Berkeley and Los Angeles: University of California Press, 1993), 30.

<sup>20</sup> See, for example, Marilyn Lawrence, “Anorexia Nervosa: The Control Paradox”, *Women’s Studies International Quarterly*, 2, 1979, 93-101.

<sup>21</sup> See, for example, Marilyn Lawrence, *The Anorexic Experience* (London: Women’s Press, 1984); and Susie Orbach, *Hunger Strike: The Anorectic’s Struggle as a Metaphor for Our Age* (London: Faber and



New opportunities for women in education and the workplace were also believed to play a role in the development of anorexia nervosa. It was argued that self-starving practices were part of a psychological crisis which resulted from the individual's inability to reconcile familial and self-imposed demands to achieve highly in education and the workplace with social pressures for girls and women to be conformist and passive.<sup>22</sup> This theory was also used to explain why it seemed that girls and women from upper and middle class backgrounds were more vulnerable to anorexia nervosa than were their working class counterparts, as it was claimed that an achievement ethos was valued more highly among the middle classes.

By locating anorexia nervosa within the wider cultural context, the feminist texts from the 1970s and 1980s differed from bio-medical and psychological approaches which had ignored this context. However, by presenting it as an individual pathological response to patriarchal culture, these texts maintained the conception of anorexia nervosa as individual pathology. Since the late 1980s, this conception has been critiqued by a new critical feminist approach, which draws heavily on post-structuralist theory. Instead of understanding social and cultural dimensions as merely "influences" or "factors" in the psychopathology of unified, autonomous individuals, this approach conceives of the social and cultural as *constitutive* of individuals and practices through discourse. In this view, individual subjectivities, practices, experiences and embodiment are "(multiply) constituted within and by particular discursive contexts within which they are embedded."<sup>23</sup> This means that "(individual) disorder is re-theorised as part and parcel of the (culturally normative)

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Faber, 1986). See also Winny Weeda-Mannah, "Female Sex-Role Conflicts and Eating Disorders", in Bridget Dolan and Inez Gitzinger (eds), *Why Women? Gender Issues and Eating Disorders* (London: The Athlone Press, 1994), 15-20.

<sup>22</sup> See, for example, Lawrence, "Anorexia Nervosa". See also Gordon, *Eating Disorders: Anatomy of a Social Epidemic*, chapter four. A similar argument is made by Morag MacSween. However, she is critical of arguments put forward by some feminists, such as Marilyn Lawrence, which claim that a "real" female self exists independently of the effects of the female gender-role on personality. See Morag MacSween, *Anorexic Bodies: A Feminist and Sociological Perspective on Anorexia Nervosa* (London and New York: Routledge, 1993).

<sup>23</sup> Maree Burns, Jane Tyrer and the Eating Difficulties Education Network (EDEN), "Feminisms in practice: Challenges and opportunities for an eating issues community agency", in Helen Malson and Maree Burns (eds), *Critical Feminist Approaches to Eating Dis/Orders* (London and New York: Routledge, 2009), 224.

order of things.”<sup>24</sup> Thus, from this perspective, any understanding of self-starvation (or any other practice) needs to consider the discursive context in which it is produced.

Most critical feminist approaches identify the western media’s propagation of the slender body ideal as part of the relevant discursive context. However, they often warn against interpreting anorexic practices as *merely* the outcome of the consumption of representations of this ideal. Not only does such an interpretation run the risk of presenting women as dupes or victims, but it also ignores the productive power of other discourses, such as those centring on health, nutrition and fitness. Drawing on Michel Foucault’s notion that “the practice of specific dietetic and exercise regimens is a central organising principle in the formation of ethical subjects and constitutes an art of living or ascetics of the self”, it has been argued that contemporary discourses about health, nutrition and fitness promote practices of weighing, counting and measuring as part of an ethics of self-care.<sup>25</sup> Furthermore, these discourses code certain food-related practices as “moral” and others as “sinful”. Some scholars argue that within this discursive context, anorexic practices (as well as “normal” dieting practices) should be understood as “technologies of the self” within a culturally normative ethics of self-care.<sup>26</sup> According to this interpretation, anorexic practices “exemplify a grammar similar to other contemporary dietetic discourses” and are deployed in an attempt to transform the self.<sup>27</sup> Such an interpretation does not simply conceive of the anorexic body as an image or sign to be read by others, but also takes account of the “doing” of anorexia

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<sup>24</sup> Helen Malson and Maree Burns, “Re-theorising the slash of dis/order: An introduction to critical feminist approaches to eating dis/orders”, in Malson and Burns, *Critical Feminist Approaches to Eating Dis/Orders*, 2.

<sup>25</sup> See Abigail Bray, “The Anorexic Body: Reading Disorders”, *Cultural Studies*, 10, 3, 1996, 413-429. Quotation from p. 425. Foucault discusses this notion in *The Use of Pleasure* (trans. Robert Hurley, Harmondsworth: Penguin, 1992), 101.

<sup>26</sup> Scholars who make this argument include Rebecca Lester, who understands a “technology of the self” as “an art of existence, a theoretical project, an ensemble of meaningful practices worked on the body which both constitute and transform the self.” See Rebecca J. Lester, “The (Dis)Embodied Self in Anorexia Nervosa”, *Social Science and Medicine*, 44, 4, 1997, 479-489. The concept of “technologies of the self” was developed by Michel Foucault. See Luther H. Martin, Huck Gutman and Patrick H. Hutton (eds), *Technologies of the Self: A Seminar with Michel Foucault* (Amherst: University of Massachusetts Press, 1988).

<sup>27</sup> See, for example, Bray, “The Anorexic Body”; and Abigail Bray and Claire Colebrook, “The Haunted Flesh: Corporeal Feminism and the Politics of (Dis)Embodiment”, *Signs*, 24, 1, 1998, 35-67.

nervosa, whereby self-starving *practices* are invested with multiple, but not limitless, social and personal meanings.<sup>28</sup>

The interpretation of anorexia nervosa as a “technology of the self” needs to be read in conjunction with scholarship which asserts that “the project of the self in modern society is in fact the project of the body.”<sup>29</sup> According to this argument “there is a tendency for the body to become increasingly central to the modern person’s sense of self-identity.”<sup>30</sup> Proponents of this argument focus their analyses on consumer capitalist societies in the second half of the twentieth century and the early twenty-first century. They argue that this “somatic individualism” is driven by scientific and medical discourses about health, in conjunction with advances in medical technologies, a rise in opportunities for leisure and the increasing importance of consumerism promoted by powerful, profit-seeking industries.<sup>31</sup>

The above arguments suggest that the discursive contexts of late capitalist societies are implicated in anorexic practices. However, it is important to note that proponents of the new critical feminist approach do not argue that anorexia nervosa is *caused* by these contexts, rather they argue that they provide anorexic practices with certain *meanings* which can be deployed by the individual in the construction of identity. Feminists also point out that all discourses are heavily gendered. This can be seen clearly when analysing discourses about health, nutrition and fitness. For example, these discourses tend to construct women as the guardians of their family’s health and as responsible for feeding others. They also discursively construct specific links between women and the body, which manifest themselves in the

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<sup>28</sup> See Elspeth Probyn, “This Body Which Is Not One: Speaking an Embodied Self”, *Hypatia*, 6, 3, 1991, 111-124.

<sup>29</sup> Bryan S. Turner, “Preface”, in Pasi Falk, *The Consuming Body* (London: Sage Publications, 1994), xii.

<sup>30</sup> Chris Shilling, *The Body and Social Theory* (London: Sage Publications, 1993), 1.

<sup>31</sup> According to Nikolas Rose people in advanced liberal democracies are increasingly relating to themselves as “somatic” individuals, that is “as beings whose individuality, is in part at least, grounded within our fleshly corporeal existence, and who experience, articulate, judge and act upon ourselves in part in the language of biomedicine. From official discourses of health promotion through narratives of the experience of disease and suffering in the mass media, to popular discourses on dieting and exercise, we see an increasing stress on personal reconstruction through acting on the body in the name of a fitness that is simultaneously corporeal and psychological.” See Nikolas Rose, *The Politics of Life Itself: Biomedicine, Power and Subjectivity in the Twenty-First Century* (Princeton: Princeton University Press, 2007), 25-26.

everyday lives of women in terms of “the beautification of one’s own body and the reproduction, care, and maintenance of the bodies of others.”<sup>32</sup> It is these discursive constructions and lived realities which, according to feminist arguments, lead women, more than men, to adopt practices relating to the control of food and the body.<sup>33</sup>

As suggested by the above discussion, much of the literature presenting a socio-cultural approach to anorexia nervosa, originates in the capitalist West. Furthermore, much of it is based on the premise that anorexia nervosa is almost exclusively a phenomenon of the western, capitalist world. This view is summed up in historian Joan Jacob Brumberg’s assertion that “the ‘contagion’ is confined to the US, Western Europe, Japan and other areas experiencing rapid Westernization.”<sup>34</sup> Thus, socio-cultural explanations for the existence of anorexia nervosa focus largely on certain aspects of life under western capitalism, such as gender structures and the economic imperatives of capitalist industries. Many of these texts also assert that the affluence of capitalist societies is a key factor in the production of anorexia nervosa. Indeed, it is claimed that this “disorder” only appears in societies where food is abundant because “in times of scarcity, voluntary food refusal had little efficacy as an emotional strategy.”<sup>35</sup> However, where food is plentiful, as it has been in the post-war capitalist West, it becomes an important analogue of the self, used to make statements about personal and political values. Furthermore, it is often argued that the combination of an abundant supply of food together with conflicting cultural messages to both self-deny (e.g. health discourses) and consume (e.g.

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<sup>32</sup> Bordo, *Unbearable Weight*, 17.

<sup>33</sup> There is a long tradition in feminist theories about anorexia nervosa which links practices focused on controlling food and the body with social expectations and lived realities connecting women to food and the body. It is not only part of the new critical feminist approach. See, for example, Lawrence, *The Anorexic Experience*; Orbach, *Hunger Strike*; Susie Orbach, *Fat is a Feminist Issue* (London: Arrow Books, 2006, originally published in two separate volumes in 1978 and 1982); and Brumberg, *Fasting Girls*.

<sup>34</sup> Brumberg, *Fasting Girls*, 16. Similarly, another study tracing the historical development of anorexia nervosa states that “anorexia nervosa occurs almost exclusively in prosperous countries marked by the socio-economic characteristics of Western (post-) industrial societies.” See Walter Vandereycken and Ron Van Deth, *From Fasting Saints to Anorexic Girls: The History of Self-Starvation* (London: The Athlone Press, 1994), 4.

<sup>35</sup> Brumberg, *Fasting Girls*, 14. This point is also made by Mara Selvini-Palazzoli, “Anorexia Nervosa: A Syndrome of the Affluent Society”, *Transcultural Psychiatric Research Review*, 22, 3, 1985, 199.

advertising) leads to tensions within individuals, which are expressed in disordered eating habits, including self-starvation and binge-purging.<sup>36</sup>

The assumption that anorexia nervosa could not exist to any significant degree in non-western or non-capitalist countries has been made in relation to Eastern Europe during the Cold War period. For example, in an interview published in 2002 Susie Orbach, a British psychotherapist who has written extensively on the topic of eating disorders, claimed that until the collapse of socialism and the introduction of capitalism in 1990, eating disorders had not existed in the German states which had formed the GDR.<sup>37</sup> Attempts to explain this (false) assumption are usually based on misunderstandings of the social structures, cultural discourses and lived realities within socialist societies. This is nicely illustrated in the claim that in societies “where the work of women was taken for granted, and where their sense of value appeared to derive from taking part in an overall social philosophy, there was no correlation between sense of inner worth and external appearance.”<sup>38</sup> As will become clear in the chapters that follow, the idea that high levels of female employment meant that women behind the Iron Curtain did not connect external appearance to inner self worth is simplistic and false.

Increasingly, studies are recognising that anorexia nervosa has existed (and does exist) in non-western and non-capitalist societies.<sup>39</sup> However, explanations for this

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<sup>36</sup> See, for example, Robert J. Smith, “Eating Disorders and the Production-Consumption Dialectic”, *New Ideas in Psychology*, 11, 1, 1993, 95-104.

<sup>37</sup> “Wenn ich hungrig bin, esse ich”, *Emma*, 2, 2002, 50-54. This article will be discussed in greater depth in chapter 6.

<sup>38</sup> Mervat Nasser, *Culture and Weight Consciousness* (London and New York: Routledge, 1997), 97.

<sup>39</sup> Here I am referring to studies which acknowledge the existence of the clinical concept of anorexia nervosa in non-western and non-capitalist societies in the twentieth and twenty-first centuries. Some scholars have also argued that fasting behaviours in earlier societies, such as among medieval holy women, represent early cases of anorexia nervosa. See, for example, Rudolph M. Bell, *Holy Anorexia* (Chicago: The University of Chicago Press, 1985). Others, such as Caroline Walker Bynum, have pointed out that such claims are unhelpful and difficult to support. Not only is the evidence too fragmentary but the meanings of food refusal in earlier societies were significantly different from those attributed to the modern “disorder” of anorexia nervosa. See Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1988), particularly 194-207.

usually focus on the infiltration of western values and norms into these societies.<sup>40</sup> Such an explanation can be seen in work dealing with the existence of eating disorders behind the Iron Curtain. For example, a study which acknowledged that “eating disorders represented at least as common a problem in Eastern as in Western Europe before the changes in political organisation”, sought an explanation for this in “over-identification with Western norms and values”, such as the slim body ideal, and in exposure to western media. Instead of investigating the ways in which domestic political, economic and social cultures of non-capitalist countries might have created a socio-cultural context conducive to the development of eating disordered practices, it is asserted that such practices were simply linked to “western culturally mediated dieting behaviour”, which, despite being “hampered” by the Iron Curtain, was transmitted via the mass media and personal contacts.<sup>41</sup>

## II. Testing and Contesting Socio-Cultural Approaches to Anorexia Nervosa

This thesis seeks to move beyond parochial socio-cultural approaches to anorexia nervosa, which link the “disorder” only to the norms, values and structures of western capitalism. It takes some of the key arguments of these approaches and explores the extent to which they can be used to understand the existence of anorexia nervosa in the GDR between 1949 and 1990. In so doing, it illuminates the limitations and western-bias of these approaches. It also provides an analysis of the ways in which the socio-cultural context of the GDR was constitutive of self-starving practices.

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<sup>40</sup> For example, Mervat Nasser argues that the “global emergence of eating pathology in the majority of societies is linked to the degree of identification with western cultural norms in relation to weight and shape preferences for women. The global media could possibly be playing an important role in disseminating these values.” See Nasser, *Culture and Weight Consciousness*, 47. Similarly, Richard Gordon argues that “there is little question...that the impact of American and Western European attitudes towards the cultivation of bodily appearance...have been profoundly influential” in the global spread of eating disorders. Furthermore, “it is apparent that global capitalism brings its pathologies along with its benefits, a point that is illustrated in a particularly dramatic way by the diffusion of eating disorders.” See Gordon, *Eating Disorders: Anatomy of a Social Epidemic*, vii.

<sup>41</sup> See G. Rathner, F. Túry, P. Szabó, M. Geyer, G. Rumpold, A. Forgács, W. Söllner and G. Plöttner, “Prevalence of Eating Disorders and Minor Psychiatric Morbidity in Central Europe before the Political Changes in 1989: A Cross-Cultural Study”, *Psychological Medicine*, 25, 1995, 1027-1035.

Importantly, this study is not interested in uncovering the *causes* of anorexia nervosa. It is based on the premise that it is impossible to reveal any absolute “Truth” about what precipitates the practice of self-starvation. Instead, it concerns itself with the material conditions, cultural discourses and social practices, which have been identified in socio-cultural approaches as being implicated in the production of anorexia nervosa, and tests their relevance within the East German context. In so doing, the thesis takes seriously the post-structuralist claim that “the notions of experience, and of subjectivity itself, are themselves a product of discursive processes that position individuals in relation to discursive formations.”<sup>42</sup> These discursive formations are conceptualised as being “a convergence of statements, texts, signs and practices across different, even dispersed sites”, from the psychiatric ward to the family dining table.<sup>43</sup> However, rather than confining itself to an analysis of “free-floating” discursive formations, the thesis situates them within their larger social, economic and political contexts. Furthermore, it understands experience and subjectivity as on-going processes in which the individual actively (although often unknowingly) negotiates subject positions within the available discursive frameworks specific to her socio-historic location.<sup>44</sup>

The first arguments which the thesis identifies and addresses focus on cultures of eating. It has been argued that anorexia nervosa only occurs to a significant degree in affluent societies where food is plentiful and domesticity is venerated. Furthermore, a link has been drawn between the practice of self-starvation and the traditional female role of providing nourishment for others. However, as will become clear in chapter two, the political, social and economic conditions of the GDR meant that cultures of eating in East Germany differed significantly from those in contemporaneous western societies. The GDR had a “shortage economy” (*Mangelwirtschaft*), which negatively affected food supply in terms of quantity,

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<sup>42</sup> Laura Lee Downs, *Writing Gender History* (London: Bloomsbury, 2010), 95.

<sup>43</sup> Kathleen Canning, *Gender History in Practice: Historical Perspectives on Bodies, Class and Citizenship* (Ithaca and London: Cornell University Press, 2005), 79.

<sup>44</sup> By emphasising social, economic and political contexts and the role of individual agency in negotiating subject positions, the thesis distances itself from a purely post-structuralist approach in which human agency becomes obsolete, and social, economic and political contexts are ignored or considered irrelevant.

quality and diversity.<sup>45</sup> Furthermore, unlike in the West, there existed an extensive system of state-funded communal eating facilities, designed to free East German women from the burden of cooking. This distinctive context raises important questions concerning the meanings of food and eating in East German society. For example, to what extent could food be used as an emotional weapon within the home? How far was food considered to be an analogue of the self; and how did social gender structures operate in the realms of food and eating?

Following on from the analysis of cultures of eating in the GDR, chapters three and four address the argument that anorexia nervosa occurs in societies which venerate the “slender” body and stigmatise the “fat” body. Most socio-cultural approaches to anorexia nervosa argue that this environment is created largely by powerful capitalist industries, such as the media, advertising, dieting and fashion industries, which have financially vested interests in creating “a world in which individuals are made to become emotionally vulnerable, constantly monitoring themselves for bodily imperfections which could no longer be regarded as natural.”<sup>46</sup> As a socialist state with a command economy, the GDR lacked capitalist industries which sought to promote and profit from the “somatic individualism”, which, it has been argued, became characteristic of western societies in the second half of the twentieth century. Furthermore, East German society was built on the principle of collectivism, rather than individualism. These points raise a number of important questions. First, did the absence of capitalist industries mean that the GDR did not venerate the “slender” body nor stigmatise the “fat” body? Second, what meanings were associated with different body types and how were these meanings produced and propagated? Third, to what extent did East Germans relate to themselves as “somatic individuals” and did this change over time?

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<sup>45</sup> According to Kornai’s analysis of the socialist system, the GDR could be classed as having a “shortage economy” because shortages of goods, services, means of production and international means of payment were “general, frequent, intensive, and chronic”. See János Kornai, *The Socialist System: The Political Economy of Communism* (Oxford: Clarendon Press, 1992), 233.

<sup>46</sup> Mike Featherstone, “The Body in Consumer Culture”, *Theory, Culture and Society*, 1, 18, 1982, 18-33. Here he is referring specifically to the advertising industry.



Chapter three explores these questions by investigating the production, presentation and reception of East German health propaganda focusing on body weight and food consumption. In so doing, it also addresses the post-structuralist argument that anorexia nervosa can be seen as a discursive event occurring within a general discursive network concerned with the analysis, regulation and normalisation of health, bodies and consumption.<sup>47</sup> By focusing on discourses and cultures of dieting in the GDR, chapter four builds on the arguments presented in chapter three. It challenges the idea that capitalist industries are a pre-requisite for a fat-phobic society in which dieting becomes common-place. Together, these two chapters analyse the ways in which East German health propaganda and cultures of dieting were produced at the intersection of domestic and international scientific and popular discourses about health, aesthetics and body weight.

As well as testing and contesting key arguments in dominant socio-cultural approaches to anorexia nervosa, this thesis also sets out to analyse the ways in which self-starvation was understood in the GDR, both within the discipline of psychiatry and within popular culture. Chapter five focuses on East German psychiatric approaches to the “disorder”. It explores how far these approaches were influenced by socialist ideology, by the peculiarities of the discipline of psychiatry within the GDR, and by dominant psychiatric approaches in contemporaneous western societies. In so doing, it assesses the extent to which psychiatric understandings and treatments of anorexia nervosa in the GDR differed from those dominant in the West. It also investigates the extent to which psychiatric theories about the “disorder” were relayed to the East German public.

The discussion in chapter five raises questions about how self-starvation in the GDR was experienced by those who engaged in this practice. For example, how did discourses about anorexia nervosa (or the absence of such discourses) affect their understandings of what they were doing; and how did they experience treatment within East German psychiatric settings? Were these understandings and

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<sup>47</sup> See Bray and Colebrook, “The Haunted Flesh”.

experiences significantly different from those of people who self-starved in the West? These questions are addressed in chapter six, which also seeks to analyse the ways in which memories of the material conditions, cultural discourses and social practices, investigated throughout this thesis, were deployed in the narratives of those who self-starved in the GDR. It also questions the assertion that socio-cultural factors, such as sexism, dieting behaviour and sexual abuse played an insignificant role in the production of anorexia nervosa in the East German context. Finally, this chapter explores not only experiences of self-starvation but also contemporary popular perceptions of the existence of anorexia nervosa in East Germany. It analyses the ways in which these perceptions have been shaped by past and present discursive contexts and material conditions.

### **III. Contribution to Historical Scholarship on the GDR**

The thesis not only tests and contests dominant socio-cultural approaches to anorexia nervosa, it also contributes to existing scholarship on the history of the GDR and provides new ways of understanding East Germany. Throughout the thesis, the GDR is conceptualised not as an isolated, self-contained state behind the Iron Curtain nor as an “abnormal” rump state neighbouring the “normal” Federal Republic of Germany. Instead, it is understood as a complex, modern industrial society, facing many similar problems to contemporaneous non-communist societies.<sup>48</sup> The problems investigated in this study focus on food, health and the body. By exploring explanations of and attempted solutions to these problems, it analyses the ways in which “official” policies and discourses, produced by political, scientific and medical bodies, were shaped by traditions and mentalities from the pre-1945 era, as well as by socialist ideals and values, and by cultural and scientific discourses which permeated the country’s borders.

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<sup>48</sup> See Ina Merkel, “The GDR – A Normal Country in the Centre of Europe”, in Mary Fulbrook (ed.), *Power and Society in the GDR, 1961-1979: The ‘Normalisation of Rule’?* (New York: Berghahn Books, 2009), 194-203.

The thesis does not, however, present “official” policies and discourses as “master narratives”. Rather, it analyses the ways in which they were produced as part of an interactive process between the concerns and interests of politicians, scientists and medics and the actions of individual East Germans. In so doing, it explores how, in their everyday lives, East Germans negotiated dominant (gendered) discourses about health, food and bodies, resisting some and accepting or modifying others to construct identities and make sense of their experiences. In this way, the thesis highlights the limits of the state’s reach into everyday life and illuminates the limitations of the “totalitarian” approach to East German history, which claims that the GDR can be explained and understood purely in terms of high-politics and state-directed policies.<sup>49</sup>

Throughout the thesis, close attention is paid to the issue of gender. In the historiography of the GDR, there already exists a rich literature on women and the construction of femininity. This reveals that in many ways experiences of being female in the socialist GDR were very different from those of being female in contemporaneous western capitalist countries. A key difference was the social expectation that East German women would find paid employment outside of the home. Indeed, by 1970 the GDR boasted the highest rate of female employment in an industrialised economy, with women making up 48.3% of the workforce.<sup>50</sup> This granted East German women a degree of financial independence which is reflected in the fact that by the 1970s two thirds of divorce petitions were filed by women.<sup>51</sup> The blatant sexualisation and commodification of women’s bodies in the public sphere was also far less pronounced in the GDR than in the West. However, despite these differences, there were also many similarities. Although official rhetoric

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<sup>49</sup> For a refutation of the “totalitarian” approach to the history of the GDR, see Mary Fulbrook, *The People’s State: East German Society from Hitler to Honecker* (New Haven and London: Yale University Press, 2005), particularly chapter one. A classic example of the “totalitarian” approach is Klaus Schroeder, *Der SED-Staat: Partei, Staat und Gesellschaft, 1949-1990* (Munich: Carl Hanser Verlag, 1998).

<sup>50</sup> Donna Harsch, *Revenge of the Domestic: Women, the Family and Communism in the German Democratic Republic* (Princeton: Princeton University Press, 2007), 303.

<sup>51</sup> Angela Brock, “‘Producing the ‘Socialist Personality’? Socialisation, Education and the Emergence of New Patterns of Behaviour”, in Mary Fulbrook (ed.), *Power and Society in the GDR, 1961-1979: The ‘Normalisation of Rule’?* (New York and Oxford: Berghahn, 2009), 220-252.

claimed the GDR was founded on the principle of sexual equality, it remained a patriarchal society in which “men on an aggregate level held more power and had a greater command over social, economic and political resources.”<sup>52</sup> As in the West, gender stereotypes, sexist prejudices and women’s own lack of self-confidence converged to create a context in which women were vastly under-represented in management and other senior positions.<sup>53</sup> Traditional constructions of masculinity and femininity continued to be promoted and experienced in all aspects of life in the GDR, from media images of men and women to experiences of sexual harassment in the workplace.<sup>54</sup> Throughout the history of the GDR, women continued to be discursively constructed as “other” to the male norm.

Facile claims about sexual equality in the GDR have, therefore, been thoroughly undermined by historical scholarship. This forms an important backdrop to the chapters of this thesis, which seek to assess the ways in which gender, conceptualised as a set of lived relations and a symbolic system founded on physical sexual difference, operated in East German discourses about food, health and the body. In so doing, the thesis answers a number of important questions. For example, to what extent was the gendering of these discourses similar to those in the West; and how did this shape dominant meanings attached to certain food practices? What role did gender play in East German psychiatric discourses about anorexia nervosa;

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<sup>52</sup> Rachel Alsop, *A Reversal of Fortunes? Women, Work and Change in East Germany* (New York and Oxford: Berghahn, 2000), 39.

<sup>53</sup> The role of women’s lack of self-confidence as an explanatory factor for their under-representation in management and senior positions was highlighted in East German studies conducted in the 1980s. See Fulbrook, *People’s State*, 163; and Alsop, *Reversal of Fortunes*, 68.

<sup>54</sup> For analyses of East German media images of men and women, see Ina Merkel, *...Und Du, Frau an der Werkbank: Die DDR in den 50er Jahren* (Berlin: Elefant Press, 1990); Donna Harsch, *Women, the Family and Communism in the German Democratic Republic* (Princeton: Princeton University Press, 2007); Gunilla-Friederike Budde, “Heldinnen der Arbeit: Öffentliche Fremd- und Selbstdarstellungen von Arbeiterinnen in der DDR der 50er und 60er Jahre”, in Peter Hübner and Klaus Tenfelde (eds), *Arbeiter in der SBZ – DDR* (Essen: Klartext Verlag, 1999), 849-866; Irene Dölling, *Der Mensch und sein Weib: Frauen- und Männerbilder. Geschichtliche Ursprünge und Perspektiven* (Berlin: Dietz Verlag, 1991); and Irene Dölling, “Continuity and Change in the Media Image of Women: A Look at Illustrations in GDR Periodicals”, in Margy Gerber (ed.), *Studies in GDR Culture and Society 9: Selected Papers from the Fourteenth New Hampshire Symposium on the German Democratic Republic* (Lanham: University Press of America, 1989), 131-143. The sexual discrimination and harassment faced by East German women in the workplace is highlighted by Andrew Port in his study of the town of Saalfeld. See Andrew I. Port, *Conflict and Stability in the German Democratic Republic* (Cambridge: Cambridge University Press, 2007), particularly 206-214.

and how far can an analysis of the gendering of discourses about food, health and the body help to explain the existence of self-starving behaviour in the GDR? The ways in which the concept of gender is deployed in memory narratives about experiences of self-starvation is also analysed. In this way, the thesis contributes to scholarship on how gender operated in the GDR to maintain patriarchal structures and to construct experiences and subjectivities.

Another important way in which this thesis contributes to scholarship on the GDR is by analysing the ways in which developments in discourses and practices focusing on maintaining or altering the size and shape of the body were part of a process of increasing individualism. It has been argued elsewhere that such a process, manifesting itself in a preoccupation with individual identity and the pursuit of private goals for personal happiness, emerged in virtually every area of East German society in the 1970s and 1980s. Many analyses of this process focus on the withdrawal into the private sphere and on the purchasing of consumer goods.<sup>55</sup> Some studies have also considered the role of the body in this process. It has been argued that, during the 1970s and 1980s, the bodily iconography of the GDR shifted from centring on work/production towards pleasure/consumption.<sup>56</sup> Evidence for this often focuses on changing attitudes towards sex. For example, in the 1970s East German sex manuals began to emphasise that the main purpose of sex was “pleasure and delight”; and the 1980s witnessed the advent of striptease shows and soft porn on late night television.<sup>57</sup> The current study assesses how far a shift towards understanding the body as a site of pleasure/consumption and as the locus of individual identity can be seen in other areas of life in the GDR, such as in cultures of dieting. It explores the extent to which such a shift was produced by “official”

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<sup>55</sup> See, for example, Mary Fulbrook, *People's State*, particularly chapters one and three; and Paul Betts, *Within Walls: Private Life in the German Democratic Republic* (Oxford: Oxford University Press, 2010).

<sup>56</sup> See Josie McLellan, “State Socialist Bodies: East German Nudism from Ban to Boom”, *Journal of Modern History*, 79, 2007, 48-79. She argues that this shift in bodily iconography was part of a wider change in SED rhetoric and policies away from ideology and self-denial and towards consumerism and leisure.

<sup>57</sup> See Dagmar Herzog, *Sex after Fascism: Memory and Morality in Twentieth-Century Germany* (Princeton: Princeton University Press, 2005), chapter 5. See also Josie McLellan, *Love in the Time of Communism: Intimacy and Sexuality in the GDR* (Cambridge: Cambridge University Press, 2011), chapter 7.

discourses about health, as well as by western influences. It also considers how far such a shift can be seen as being implicated in the apparent rise in self-starving behaviour in the GDR in these decades.

#### **IV. Methodology and Sources**

At the heart of this thesis is an exploration of the cultural discourses and social practices relating to food, health and the body. It argues that key developments in these discourses and practices occurred in the 1970s and 1980s. However, it also argues that these developments cannot be adequately understood without analysing them in relation to wider political, economic and social changes throughout the whole period of the GDR's existence. For this reason, the thesis covers the period from the GDR's foundation in 1949 to its collapse in 1990. During this time, the GDR not only transitioned from a period of famine to one characterised by concerns about "excessive" consumption but there were also significant changes in the social position of women and a gradual process of increasing individualism. The East German discipline of psychiatry also underwent considerable changes during this period, which had a significant impact on psychiatric approaches to anorexia nervosa.

In order to analyse the ways in which "official" discourses about food, health and the body were shaped by the interests and concerns of politicians and scientists, the thesis draws on material from two archives: the archive of the German Institute for Nutrition Research (*Deutsches Institut für Ernährungsforschung*) in Potsdam-Rehbrücke, and the Federal Archive (*Bundesarchiv*) in Berlin. The files in the archive of the German Institute for Nutrition Research provide invaluable insight into the role of East German nutritional scientists in shaping these discourses. Between 1949 and 1990, this institute, then known as the Central Institute for Nutrition (*Zentralinstitut für Ernährung*), was the GDR's leading research institute into nutritional matters. Its scientists played a key role in informing East German policies and propaganda relating to food, health and the body. However, ultimate responsibility for formulating policies and over-seeing health propaganda lay with

the Ministry for Health (*Ministerium für Gesundheitswesen*). For this reason, the Ministry of Health's files relating to nutrition (*Ernährung*), healthy living (*gesunde Lebensweise*) and health education (*Gesundheitserziehung*) were consulted. These files are collected in the Foundation Archive of the Parties and Mass Organisations (*Stiftung Archiv der Parteien und Massenorganisationen/SAPMO*), housed in the Federal Archive.

Other files consulted in the Federal Archive were those of the Institute for Market Research (*Institut für Marktforschung*) and the Central Institute for Youth Research (*Zentralinstitut für Jugendforschung*). These files related to East German eating habits and dieting behaviours. Much of the material in these files was based on research using popular surveys. It therefore provides a good deal of insight into East German cultures of eating and dieting from a popular perspective. However, as with all evidence of this nature, caution needs to be exercised. For example, it must be acknowledged that when answering survey questions, people are often inclined to provide what they consider to be the "correct" answer, rather than the answer which most closely accords with their beliefs and experiences. This tendency may be particularly pronounced in a dictatorship, such as the GDR. For this reason, these sources, and all other archival sources which have been produced with certain interests in mind, are not taken at face-value but are considered critically in light of other sources of evidence.

In order to assess the ways in which East German health propaganda invested certain eating practices and body types with particular meanings, the archival material of the German Hygiene Museum (*Deutsches Hygiene-Museum*) was consulted. This material is collected in two sites in Dresden – in the museum itself and in the Saxon Central State Archive (*Sächsisches Hauptstaatsarchiv*). These archives are a rich repository of many of the posters, educational pamphlets and short films which were produced by the German Hygiene Museum from the 1950s onwards to educate East Germans about "healthy lifestyles".

East German popular magazines and newspapers have also been important sources for assessing the propagation of state-sponsored ideas about food, health and the body. Not only did these publications feature material produced by the German Hygiene Museum, but they contained numerous articles about healthy eating and dieting. Furthermore, the images they used contained culturally coded messages about different types of bodies. An analysis of these articles and images allows for an exploration not only of how state-sponsored ideas were propagated but also of how discourses and representations of food, health and the body were gendered. Letters from the general public, which were published in these magazines and newspapers, also provide insight into some of the ways in which these discourses and representations were received and negotiated.

In order to analyse the ways in which discourses and representations in magazines changed between 1949 and 1990, issues of four publications from this period were methodically consulted. Two of these publications were women's magazines: *Die Frau von heute* and *Für Dich*.<sup>58</sup> For each year between 1949 and 1990, the January, April, June and October issues were studied for articles relating to eating, dieting and body image. These months were chosen on the assumption that dieting and fashion articles tend to follow the seasons and significant holidays. For example, dieting articles often appear in January to help readers shift the weight gained by the "excesses" of Christmas; and fashion articles about how to look good in swimwear start to appear at the beginning of summer.

As well as the two publications aimed at women, the magazines *Das Magazin* and *Deine Gesundheit* were also consulted. With its combination of short-stories, readers' letters and cooking recipes, *Das Magazin* was an entertainment magazine aimed at both men and women. However, its racy front covers and photographs of

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<sup>58</sup> The magazine *Die Frau von heute* was a weekly women's magazine first published in the Soviet zone of occupation in 1946. In 1962, *Die Frau von heute* was replaced by a new weekly women's magazine, *Für Dich*. See Marth Wörsching, "Für Dich and the Wende: Women's Weekly between Plan and Market", in Elizabeth Boa and Janet Wharton (eds), *Women and the Wende: Social Effects and Cultural Reflections of the German Unification Process* (Amsterdam and Atlanta, GA: Rodopi, 1994), 139-154.



naked women made it particularly popular with East German men.<sup>59</sup> As with the two women's magazines, the January, April, June and October issues of *Das Magazin* were consulted.<sup>60</sup> The popular health magazine *Deine Gesundheit* was also aimed at men and women. Again, the January, April, June and October issues were consulted. Furthermore, the contents pages of all issues between the years 1968 and 1987 were studied to see if there were any articles on anorexia nervosa.<sup>61</sup>

Along with the aforementioned magazines, newspaper articles have also provided insights into discourses and representations related to food, health and the body. Some of these newspaper articles were archived in the files in the German Institute for Nutrition and in the SAPMO files. However, by far the richest source of relevant newspaper articles was the archive of the *Berliner Zeitung*. Here, articles taken from a range of national and regional East German newspapers were filed according to topic. The most relevant were those filed under the headings "nutritional matters" (*Ernährungsfragen*), "nutritional science" (*Ernährungswissenschaft*) and "obesity" (*Fettsucht*). These articles were particularly useful for analysing how popular discourses and representations relating to eating disorders, including anorexia nervosa, changed in the immediate years following the fall of the Berlin Wall and reunification.

The most effective way to analyse developments in approaches to anorexia nervosa within the East German discipline of psychiatry between 1949 and 1990 was to locate and consult East German articles on the topic. To do this, the index pages of three East German medical journals were studied for the terms "anorexia nervosa", "*Pubertätsmagersucht*" and "*Magersucht*". The three medical journals which were consulted were: *Das Deutsche Gesundheitswesen*; *Zeitschrift für Klinische Medizin*;

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<sup>59</sup> See Evemarie Badstübner, "'Zeig', wie das Leben lacht und liebt' Die Unterhaltungszeitschrift *Das Magazin* und ihre Leser zwischen 1954 und 1970", in Evemarie Badstübner (ed.), *Befremdlich anders: Leben in der DDR* (Berlin: Karl Dietz Verlag, 2004), 432-470.

<sup>60</sup> These issues were consulted from 1954, the first year of publication, to 1990.

<sup>61</sup> Although the magazine *Deine Gesundheit* was first published in 1955, the State Library (*Staatsbibliothek*) in Berlin only holds issues from 1968. It was also impossible to consult issues from 1988, 1989 and 1990 because they had been sent for repair.

and *Psychiatrie, Neurologie und medizinische Psychologie*.<sup>62</sup> The articles in these journals proved useful for analysing “official” discourses about anorexia nervosa. However, it must be borne in mind that the authors of these texts knew that their publications must not challenge the socialist dogma upon which the discipline of East German psychiatry was founded.

In order to gain a different perspective of psychiatric approaches to anorexia nervosa in the GDR, interviews were conducted with two former East German psychiatrists who had treated patients diagnosed with anorexia nervosa in the Charité Hospital in East Berlin. One of these interviewees was Professor Klaus-Jürgen Neumärker who, as Chair of Paediatric Neuropsychiatry (*Kinderneuropsychiatrie*) at the Charité between 1981 and 1987, and director of the Charité’s Clinic for Neurology and Psychiatry (*Klinik für Neurologie und Psychiatrie*) between 1987 and 1990, had treated anorexic children and adolescents. The other was Professor Gisela Ehle, a psychiatrist who, from the late 1970s, had treated adults with anorexia nervosa. The purpose of both of the interviews was to elicit these psychiatrists’ views and memories of the existence and treatment of the “disorder” in the GDR. By illuminating the different approaches which had existed in the discipline of psychiatry, and by highlighting the extent to which western theories and practices had influenced these approaches in the 1970s and 1980s, these interviews deepen the thesis’ analysis of East German psychiatric discourses about anorexia nervosa.<sup>63</sup>

Oral history interviews were also conducted with eleven former GDR citizens who had self-starved in the period 1949 to 1990. The main purpose of these interviews was to gain insight into subjective experiences of anorexia nervosa in the GDR. However, they also provide useful material about East German cultures of eating and

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<sup>62</sup> Until 1985, *Das Deutsche Gesundheitswesen* was the name of the journal of the GDR’s Society for Clinical Medicine (*Organ der Gesellschaft für Klinische Medizin der DDR*). In 1985 the journal was renamed *Zeitschrift für Klinische Medizin*. The journal *Psychiatrie, Neurologie und medizinische Psychologie* was the official publication of the GDR’s Society for Psychiatry and Neurology and the Society for Medical Psychotherapy (*Organ der Gesellschaft für Psychiatrie und Neurologie und der Gesellschaft für ärztliche Psychotherapie der DDR*).

<sup>63</sup> Due to shortages of time and funds, the interviews conducted for this thesis were not transcribed in their totality. Instead, detailed notes were made from the recordings. Only those sections of the interviews which appear in the thesis were transcribed.

dieting. A detailed account of how this group of interviewees was identified and how the interviews were conducted, as well as their uses and limitations, is given in chapter six.

A further three interviews were conducted with former East German citizens who had no personal link with self-starvation but who were keen to discuss issues to do with food, health and bodies in the GDR. These interviews took place as a result of the interviewees responding to an article about my project in the newspaper *Berliner Zeitung* in August 2010 (see appendix). The material gathered from them is used to illustrate that experiences and memories of food, eating and the body in the GDR are highly varied and often conflict with archival sources. This serves as a reminder of the contested nature of claims to historical truth and of the dangers of constructing “master narratives”. These points are also driven home at the beginning of chapter six which discusses letters written to me by two former East German citizens who wanted to express their opinions about the topic of self-starvation in the GDR. These letters are used to explore how perceptions of the past are influenced not only by experiences and discourses rooted in the past but also by those of the present.

As a further means of gaining insight into subjective experiences and perceptions of issues relating to food, health and the body, a questionnaire was conducted with former East German citizens.<sup>64</sup> Respondents to this questionnaire numbered two hundred in total: one hundred in Dresden and one hundred in Leipzig. It is important to note that the questionnaire has two significant limitations as a source. First, due to the random sampling procedure in which people were approached in public spaces in two large former East German cities, the sample cannot be held as representative of the GDR population as a whole. Second, the sample sizes are too small to be statistically significant. Therefore, in light of these limitations, the results of the questionnaire can only be considered to be suggestive of trends which are hinted at in other sources.

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<sup>64</sup> A copy of this questionnaire can be found in the appendix.

Together, the sources upon which this thesis draws enable an analysis of material conditions, cultural discourses and social practices, as well as an analysis of subjective experiences and perceptions. While there is a rich array of sources which provide insight into conditions, discourses and practices, finding sources which illuminate subjective experiences and perceptions has been more difficult. It had been hoped at the beginning of the project that it would be possible to locate diaries and/or personal letters, which contained significant details about eating, dieting and self-starvation in the period 1949 to 1990. Unfortunately, this has not been possible. For this reason, much of the evidence relating to subjective experiences and perceptions has been gained through oral history interviews and questionnaires. Although both of these types of sources provide rich and interesting material, it must always be borne in mind that they reflect not only experiences and perceptions of the past but also of the present.

## **V. Conclusion**

It should be clear that this thesis does not aim to uncover the causes of anorexia nervosa. Rather, it is interested in analysing how the “disorder” was discursively constructed and experienced in the GDR, and the role of material conditions, cultural discourses and social practices in these constructions and experiences. Throughout, the thesis not only challenges dominant western-centric understandings of anorexia nervosa, it also contests the argument that socio-cultural factors, such as sexism and dieting behaviour were largely unimportant in the East German context. Instead of writing off factors such as these as insignificant, the thesis analyses the ways in which they operated in the GDR and considers how they were related to self-starving behaviour. Furthermore, by exploring the socio-cultural meanings invested in different consumption practices and body types, and the ways in which East Germans negotiated them in order to construct their own subject positions and make sense of their experiences, the thesis provides an analysis not only of anorexia nervosa but also of the inter-connectedness of body, self and society in the GDR between 1949 and 1990.

## Chapter 2

### Food and Cultures of Eating

In her historical study of anorexia nervosa, Joan Jacobs Brumberg states that, in America since the 1960s, the “imperatives of an expanding capitalist society have generated extraordinary technological and marketing innovations, which in turn have transformed food itself, expanded our repertoire of foods, and affected the ways in which we consume them.”<sup>1</sup> These transformations, she argues, have played a key role in the rise of anorexia nervosa in America during the second half of the twentieth century. Thus, at the heart of her argument are the economic imperatives of advanced capitalism. She and others point to the ways in which the abundance, diversity and marketing of food products in capitalist societies impact on the relationship between food and self. This relationship is also affected, it is argued, by the gender norms of capitalist societies which link women with food provisioning, and by the centrality of food consumption within individual families.

These arguments raise important questions about food and cultures of eating in East Germany. First, how abundant and diverse was food in the “shortage economy” of the GDR? Second, how did the absence of capitalist industries affect the marketing of food products? Third, how did gender norms operate in relation to food and eating? Fourth, how central was food consumption to family life? Fifth, and most importantly, what relationships can be discerned between food and the self in the GDR and to what extent did they change over time?

By exploring these questions, this chapter illuminates the ways in which food and cultures of eating in the GDR differed from in western, capitalist nations. In so doing, it challenges the western-bias of dominant socio-cultural approaches to anorexia nervosa. However, at the same time, it also investigates the extent to which East German cultures of eating were characterised and informed by practices and discourses similar to those in the West. In this way, it analyses the extent to which

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<sup>1</sup> Joan Jacobs Brumberg, *Fasting Girls: The History of Anorexia Nervosa* (New York: Vintage Books, 1988), 256.

western-centric arguments regarding the role of socio-cultural factors resonate within the East German context.

### **I. Queues, Shortages and Plenty**

One of the key arguments of most socio-cultural approaches to anorexia nervosa, including Brumberg's, is that it occurs in affluent societies in which food is plentiful and in which eating involves individual choice from a wide variety of products. It is argued that only under such conditions does food act as an analogue of the self, used to make statements about personal identity, status and political values. In this context, typical of western consumer societies in the second half of the twentieth century, food becomes another commodity through which to define oneself. Thus, according to Brumberg, "in a society where consumption and identity are pervasively linked, she [the anorectic] makes nonconsumption the perverse centrepiece of her identity."<sup>2</sup> While this argument might have certain purchase in the context of western capitalism from the 1960s onwards, it remains to be seen how useful it is for explaining the existence of anorexia nervosa in East Germany.

Founded on the principles of socialism, the GDR was never a consumer society in the western sense. When the state was first established in 1949, the effects of the severe food shortages which had followed the collapse of the Third Reich in May 1945 were still very much in evidence. For most of the Second World War, "Aryan" Germans on the home front had faced restricted food supplies but had been spared the severe shortages which had been endured by many people across Europe. The maintenance of supplies had been achieved through a combination of rationing; close state supervision of agriculture; imports from occupied Europe; and the systematic starvation of certain groups of people.<sup>3</sup> It had only been in the final weeks

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<sup>2</sup> See, for example, Brumberg, *Fasting Girls*, 267.

<sup>3</sup> As Marion Kaplan points out, the caloric intake of German Jews plummeted as soon as rationing was introduced. Not only did they receive fewer rations than "Aryan" Germans, there were restrictions about where and when they could shop. Rationing became increasingly stringent for German Jews. By 1940 they were denied legumes, most fruit and meat. See Marion A. Kaplan, *Between Dignity and Despair: Jewish Life in Nazi Germany* (Oxford and New York: Oxford University Press, 1998), 151. In occupied Europe, German policy was to starve the Jewish population. This is demonstrated by the

of the war that the system of food production and distribution had completely broken down, leading to widespread hunger across Germany.

The acute phase of the post-war food crisis had lasted until 1948. During this time, food rationing in the Soviet zone of occupation had been so stringent that Germans had been forced to find other ways of acquiring food, in order to supplement their meagre rations. This had led to widespread theft from workplaces; trading on the thriving black market; planting crops in municipal parks; and “hamstering” trips to the countryside to forage for food or trade with farmers. Many Germans had resorted to eating things they would not normally have eaten. These included potato peelings and wild plants, such as nettles and dandelion leaves. Not only was this experienced as degrading and demoralising but it could also be dangerous, as shown by the massive rise in deaths from eating poisonous mushrooms.<sup>4</sup>

It was not until 1950 that absolute food shortages were overcome.<sup>5</sup> However, despite the end of the hunger period in terms of quantity of produce, supplies of certain types of food remained inconsistent. For example, by the autumn of 1952, butter, vegetables, meat, sugar and bread were in particularly short supply in towns and cities.<sup>6</sup> This was partly the result of a bad harvest, the consequences of which had been intensified due to the beginnings of forced collectivisation, which had led many farmers to flee to the West.<sup>7</sup>

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special instructions issued on 4 November 1941 for the feeding of the civilian population of the Occupied Eastern Territories. These instructions stated that Jews were to receive half of the weekly maximum prescribed for the rest of the civilian population. See Lucy S. Dawidowicz, *The War Against the Jews* (London: Penguin, 1987), 261.

<sup>4</sup> In Berlin in the autumn of 1946, the death rate from having consumed poisonous mushrooms was forty six times higher than it had been in 1938 and 1939. See Andreas Dinter, *Berlin in Trümmern: Ernährungslage und medizinische Versorgung der Bevölkerung Berlins nach dem II. Weltkrieg* (Berlin: Verlag Frank Wünsche, 1999), 80-81.

<sup>5</sup> Hübner argues that in terms of food quantity the hunger period was over by 1950. However, in terms of the quality of nutrition, malnutrition (*Mangelernährung*) continued. See Peter Hübner, *Konsens, Konflikt und Kompromiß: Soziale Arbeiterinteressen und Sozialpolitik in der SBZ/DDR 1945-1970* (Berlin: Akademie Verlag, 1995), 133.

<sup>6</sup> Donna Harsch, *Revenge of the Domestic: Women, The Family, and Communism in the German Democratic Republic* (Princeton and Oxford: Princeton University Press, 2007), 64.

<sup>7</sup> The process of forced collectivisation began in 1952. As a result of this campaign, approximately forty per cent of the GDR's wealthier farmers had fled to the West by April 1953, leaving over 500,000 hectares of farmland lying fallow. See Jeffrey Kopstein, *The Politics of Economic Decline in East Germany, 1945-1989* (Chapel Hill and London: The University of North Carolina Press, 1997), 35. A

Unlike in the Federal Republic of Germany (FRG), which had abolished food rationing in 1950, in the GDR it continued until 1958. However, even after the abolition of rationing, periodic shortages of certain types of foods continued to plague the GDR for the rest of its lifespan. For example, another bad harvest and further consequences of collectivisation led to shortages of potatoes, eggs, meat and milk products in the autumn of 1961.<sup>8</sup> In the years that followed, other periodic shortages occurred, such as the potato shortage of 1969 to 1970, and the coffee shortage of the late 1970s and early 1980s. Other foods, such as tropical fruits, were in permanent short supply.

Not only were there endemic shortages of certain foodstuffs throughout the period of the GDR's existence, but, in comparison to the situation in the West, there was also a lack of diversity in the range of products available for purchase.<sup>9</sup> This situation was the result of three key factors. First, the GDR did not have the economic resources to import western products, such as tropical fruits, in large quantities. Second, underdeveloped technological facilities, such as deep-freeze storage facilities and transportation vehicles for frozen foods, acted as an obstacle to the development and successful marketing of new products, such as a wide range of convenience foods.<sup>10</sup> Third, the operations of the command economy and the absence of competitive capitalist industries acted as a brake on innovation. Thus, according to an East German report from 1983, in the GDR there were "relatively few

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second, more comprehensive forced collectivisation campaign began in the wake of the Fifth Party Congress of the SED in 1958. This campaign, which lasted from 1959 to 1961, led to a sharp decline in agricultural production. For more on land reform and collectivisation see Arnd Bauerkämper, "Die Neubauern in der SBZ/DDR 1945-1952: Bodenreform und politisch induzierter Wandel der ländlichen Gesellschaft", in Richard Bessel and Ralph Jessen (eds), *Die Grenzen der Diktatur: Staat und Gesellschaft in der DDR* (Göttingen: Vandenhoeck und Ruprecht, 1996), 108-136; and Jonathan Osmond, "Kontinuität und Konflikt in der Landwirtschaft der SBZ/DDR zur Zeit der Bodenreform und der Vergenossenschaftlichung, 1945-1961", Bessel and Jessen (eds), *Die Grenzen der Diktatur*, 137-169.

<sup>8</sup> Hübner, *Konsens, Konflikt und Kompromiß*, 163.

<sup>9</sup> Ina Merkel reminds us that the classification of the GDR as a "shortage economy" takes a western perspective in which there is an "overabundance" of produce. See Ina Merkel, *Utopie und Bedürfnis: Die Geschichte der Konsumkultur in der DDR* (Köln: Böhlau Verlag, 1999), 11-12.

<sup>10</sup> This is exemplified by the attempts to develop and market frozen fish products in the GDR. See Burghard Ciesla, "Eine sich selbst versorgende Konsumgesellschaft? Industrieller Fischfang, Fischverarbeitung und Fischwarenkonsum in der DDR", in Thomas Lindenburger (ed.), *Herrschaft und Eigen-Sinn in der Diktatur* (Cologne, Weimar and Vienna: Böhlau Verlag, 1999), 205-233.



significant new developments in the area of food products (*Lebensmittelgebiet*)...It is estimated that in the FRG there are five times as many new developments in food products compared to in the GDR.”<sup>11</sup>

These factors meant that, unlike in the West, shoppers were not faced with a vast array of products and brands from which to choose. Indeed, shopping was often an exhausting and time-consuming task, which involved traipsing from one store to the next in search of elusive goods. It also involved opportunism and patience, as long queues would form in front of shops which were rumoured to be getting a stock of foodstuffs usually in short supply. In the 1980s, the problem of product diversity worsened. Due to the regime’s economic difficulties, East German stores began to stock fewer varieties of some products than they had in the 1970s. For example, by 1982 there were fewer different sorts of milk and cheese products in East German stores than there had been in the previous decade.<sup>12</sup> Surveys from the 1980s reveal that large numbers of East Germans were dissatisfied with this situation.<sup>13</sup>

Inconsistencies in supplies and a lack of product diversity had a negative impact not only on shopping and thus on eating within the private sphere, but also on the experience of eating within the public sphere. This can be seen in the GDR’s extensive system of school and workplace canteens, where menus often lacked variety due to cooks being forced to prepare meals with ingredients which were in over-abundance because of the misfiring of the command economy. The situation was worsened by the limited availability of fresh fruit and vegetables, and of meat other than pork and chicken. The quality of canteen meals also suffered from inadequate kitchen facilities, under-trained staff and a lack of transportation vehicles equipped to keep pre-prepared meals warm.<sup>14</sup> East German restaurants also

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<sup>11</sup> SAPMO-BArch, DQ1/11518: Information zur Mitwirkung an der Sortimentskonzeption Lebensmittel, 1983, 9.

<sup>12</sup> SAPMO-BArch, DQ1/11518: Zuarbeit zu 2. Beratung über die Ernährungsstrategie des Gesundheitswesens in den 80er Jahren (undated), 3.

<sup>13</sup> See Hans-Joachim Zunft, Manfred Möhr and Gottfried Ulbricht, “Zur Ernährungssituation in der DDR zwischen 1980 und 1990 – eine Materialsammlung”, *Ernährungsforschung*, 41, 1996, 69-222, 127.

<sup>14</sup> SAPMO-BArch, DQ1/11518: Beitrag des staatlichen Gesundheitswesens zur Sicherung einer optimalen Versorgung der Bevölkerung mit Lebensmitteln und zur Gestaltung einer

suffered from supply problems and inadequate facilities. This resulted in long queues, poor service and a frequent mismatch between what was listed on the menu and what was actually available. Furthermore, it limited the expansion and differentiation of East German restaurant culture.<sup>15</sup>

The overall effect of inconsistencies in food supplies and lack of product diversity was to limit consumer choice. However, it must be acknowledged that “access” to consumer choice was variable and dependent upon wealth, access to hard currency and political status. This can be seen most clearly in the arenas of shopping and restaurant dining. Throughout the history of the GDR, privileged access to consumer goods, including foodstuffs, could be bought at a price. In the years of Soviet occupation and in the early years of the GDR’s existence, this had been evident in the thriving black market and in the HO stores.<sup>16</sup> Later, hierarchical patterns of consumption became crystallised in the system of *Intershops* and *Delikat* and *Exquisit* stores, in which western products could be bought at high prices or for hard currency, such as US dollars and West German marks.<sup>17</sup> These hierarchies of consumption and choice became even more pronounced in the 1980s, when those

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gesundheitsfördernden Ernährung, 30.7.1982, 3-4; and Zunft, Möhr and Ulbricht, “Zur Ernährungssituation in der DDR”, 128.

<sup>15</sup> See Ciesla, “Eine sich selbst versorgende Konsumgesellschaft?”.

<sup>16</sup> When they were established in 1948, the HO stores sold goods and foodstuffs, such as stockings, candied fruits, chocolate and coffee, which were difficult (and often illegal) to obtain elsewhere. The prices of these goods were high but were deliberately kept below the prices demanded by black marketeers in an effort to eliminate illegal trading. In subsequent months and years, the prices of HO goods were dramatically reduced. See Katherine Pence, “Building Socialist Worker-Consumers: The Paradoxical Construction of the Handelsorganisation – HO, 1948”, in Peter Hübner and Klaus Tenfelde (eds), *Arbeiter in der SBZ-DDR* (Essen: Klartext, 1999), 497-526. See also Ina Merkel, *Utopie und Bedürfnis: Die Geschichte der Konsumkultur in der DDR* (Köln: Böhlau Verlag, 1999), 248-251.

<sup>17</sup> *Intershops* sold western or western-quality goods for hard-currency. The first shop was opened in 1955 and the chain was expanded in the 1960s. Until 1974, East Germans were forbidden from shopping in *Intershops*. In contrast to the *Intershops*, the target market of *Exquist* and *Delikat* stores was East German workers. Therefore, customers in these stores used East German marks to purchase products. However, prices were higher than in other East German stores, such as the HO stores. Selling leather goods and clothes, the first *Exquisit* stores opened in 1962. *Delikat* stores, established in 1966, sold a variety of foodstuffs, including West German products such as *Jakobs Krönung* coffee and *Nutella* chocolate spread. Prices for these products paralleled West German prices. See Jonathan R. Zatin, “Consuming Ideology: Socialist Consumerism and the Intershops, 1970-1989”, in Hübner and Tenfelde (eds), *Arbeiter in der SBZ-DDR*, 555-572.

on lower incomes were not able to counteract the reduced offerings in regular shops with trips to the luxury stores.<sup>18</sup>

Similarly, the GDR's restaurants were divided into categories according to the price of their menus. Those in the highest category were much better stocked than lower category restaurants but were reserved for foreign visitors and East German citizens who either had access to hard currency or who were prominent members of the ruling Socialist Unity Party (SED). Another way in which restaurant dining appears to have been fractured along social lines is that the habit of dining out in restaurants seems to have been more common among white-collar workers (*Angestellte*) than among blue-collar workers (*Arbeiter*). This is suggested by a study carried out by the Institute of Market Research between 1972 and 1980 (see *figures 1 and 2*).<sup>19</sup>

	<b>Total % of households</b>	<b>% of blue-collar worker households</b>	<b>% of white-collar worker households</b>
<b>1972</b>	8.6	9.4	10.9
<b>1976</b>	8.0	9.1	13.5
<b>1980</b>	8.1	8.8	14.1

**Figure 1:** Percentage of households from which one or more family members had eaten a main meal in a restaurant in the previous working week (Monday to Friday)

	<b>Total % of households</b>	<b>% of blue-collar worker households</b>	<b>% of white-collar worker households</b>
<b>1972</b>	13.7	12.9	20.4
<b>1976</b>	14.1	13.6	21.9
<b>1980</b>	13.4	13.8	23.2

**Figure 2:** Percentage of households from which one or more family members had eaten a weekend lunch in a restaurant in the previous four weeks.

<sup>18</sup> Merkel, *Utopie und Bedürfnis*, 274.

<sup>19</sup> SAPMO-BArch, DL102/1454: Informationen aus Wiederholungsbefragungen. Teil III. Spezifische Verbrauchsprobleme auf dem Gebiet der Ernährung. Zusammenstellung von Informationen aus den Jahren 1970-1980. Institut für Marktforschung, 1981.

The endemic shortages and lack of product diversity raise serious questions about how far food readily lent itself to being considered an analogue of the self in the East German context. Certainly, it was not able to operate as such in the same ways as it is presumed to have done in the West. It was arguably much more difficult in the GDR to define oneself through what one ate, simply because the choice of what was available to eat was so much more limited. Although some East Germans had greater access to choice than others, meaning that food did have the capacity to act as a conveyer of status (for example, being able to offer guests western products), in comparison to the West, product diversity and the ease with which different types of foodstuffs could be bought was severely limited for all GDR citizens. Furthermore, the absence of profit-seeking capitalist industries meant that East Germans were not faced on a daily basis with powerful incitements, in the form of advertisements, to define themselves through their consumer choices.<sup>20</sup> Although domestic advertising did exist in the GDR, it was much more small-scale than in the West. Furthermore, its main purpose was not to present consumers with choice and to persuade them to purchase one product rather than another. Instead, it was used to inform East Germans of new products; to propagate a model of “rational” socialist consumption; and, increasingly in the 1960s, to regulate the effects of the command economy by advertising goods that were in plentiful supply. Furthermore, from the mid-1970s, domestic advertising was all but brought to a halt.<sup>21</sup>

The absence of capitalist industries, with vested interests in creating new consumer “needs” and desires, also meant that messages about consumption and self-denial

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<sup>20</sup> It must be borne in mind, however, that East Germans did receive these messages from West German television, which was increasingly viewed in the GDR during the 1970s, particularly after it was finally permitted by the state in 1972. Nevertheless, the absence of western consumerism within the GDR undoubtedly limited the impact of these messages.

<sup>21</sup> Money for domestic advertising largely dried up in the 1970s. This was primarily due to a proclamation on the virtues of thrift, which was issued by the Council of Ministers in 1975. Nevertheless, despite this, domestic advertising continued to be utilised after this time, in order to educate East Germans about new products which the state wanted to promote. This is evidenced in advertisements in the mid- to late-1970s for a new range of calorie-reduced products (these products will be discussed in chapter three). See also Ina Merkel, “Alternative Rationalities, Strange Dreams, Absurd Utopias: On Socialist Advertising and Market Research”, in Katherine Pence and Paul Betts (eds), *Socialist Modern: East German Everyday Culture and Politics* (Ann Arbor: University of Michigan Press, 2008), 323-344. See also Simone Tippach-Schneider, *Das große Lexikon der DDR-Werbung* (Berlin: Schwarzkopf und Schwarzkopf, 2004), 5-9.

operated very differently in the GDR than in western countries. It is argued in some socio-cultural approaches to anorexia nervosa that the “disorder” is rooted in the conflicting cultural messages prevalent in western societies which urge people to both satisfy their “needs” through consumption and also to show their moral fibre through self-denial.<sup>22</sup> Proponents of this argument point not only to the capitalist advertising industry, particularly to that which is focused on food, but also to cultural discourses and representations of the body, which link self-denial with the slender body, beauty and success. Although the capitalist advertising industry never *explicitly* promotes self-denial, many advertisements, such as those for diet products, are underpinned by an ethos which celebrates it as a virtue.

In the GDR a consumerist ethos had developed since the 1960s. During this decade there was a shift from the Stalinist emphasis on heavy industry, which had characterised the East German economy in the 1950s, to a focus on “consumer socialism”. The emphasis on consumerism gathered pace in the 1970s and in many ways, came to define the Honecker era. Ironically, this occurred at the same time as the domestic advertising industry was starved of funds. However, despite the significance of consumerism to East German economic policy during the final two decades of the GDR’s existence, it is important to recognise that it differed fundamentally from “consumer capitalism”. The aim was not to create *new* consumer needs, as occurs in capitalism, but to meet *existing* ones. The emphasis remained on “rational” socialist consumption. This can be seen particularly clearly in the arena of food and eating. Not only was there an absence of slick, seductive, well-funded advertising campaigns encouraging East Germans to satisfy their desires by indulging in the consumption of the latest range of rich, fattening products but, as will be discussed in the next chapter, during the 1970s and 1980s there was an

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<sup>22</sup> See, for example, Susan Bordo, *Unbearable Weight: Feminism, Western Culture and the Body* (Berkeley and Los Angeles: University of California Press, 1993), 15; Ben Fine, “Towards a Political Economy of Anorexia?”, *Appetite*, 24, 1995, 231-242; Walter Vandereycken, “The Sociocultural Roots of the Fight Against Fatness: Implications for Eating Disorders and Obesity”, *Eating Disorders: The Journal of Treatment and Prevention*, 1, 1, 1993, 7-16; and Robert J. Smith, “Eating Disorders and the Production-Consumption Dialectic”, *New Ideas in Psychology*, 11, 1, 1993, 95-104. The ways in which consumerism incorporates contradictions between “calculating hedonism” and self-discipline has been explored in relation to the body/self by Bryan Turner. See Bryan S. Turner, *The Body and Society* (London: Sage, 2008).

intensification of East German health propaganda, which, since the late 1950s, had been propagating the “rational” socialist consumption of food, in which East Germans were expected to shun “excess” and monitor their calorie intake. Therefore, messages of consumption and self-denial in relation to food were not absent from the East German context but they operated very differently than in the capitalist context of western nations.

It is clear, then, that there were fundamental differences between the food economy in the GDR and those of contemporaneous capitalist nations. East Germany was not an affluent society in the western sense. Nor was food plentiful in *western terms*. However, it would be wrong to give the impression that, from the 1960s at the latest, it was not plentiful in *absolute terms*. As in West Germany, the end of rationing was followed by a “wave of eating” (*Fresswelle*), in which fatty, high calorie foods were particularly favoured.<sup>23</sup> Not only did this start later in the GDR than in the FRG, but it also lasted longer. For example, by the early 1960s, West Germans were eating less butter, cheese, pork and beef. However, East German consumption of these products rose almost continuously into the 1980s.<sup>24</sup>

The *Fresswelle* was aided by state subsidies which fixed the prices of basic foodstuffs, such as bread, milk and meat, at relatively low prices.<sup>25</sup> East Germans were also able to eat cheaply in their school or workplace canteen, where meals were heavily subsidised by the state. The average cost of a meal in a school canteen was between thirty five and fifty five pfennigs. In a workplace setting it was between eighty five

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<sup>23</sup> See Merkel, *Utopie und Bedürfnis*, 314-315.

<sup>24</sup> Harsch, *Revenge of the Domestic*, 278-279. See also Michael Wildt, *Am Beginn der “Konsumgesellschaft”: Mangelerfahrungen, Lebenshaltung, Wohlstandshoffnung in Westdeutschland in den fünfziger Jahren* (Hamburg: Ergebnisse Verlag, 1994), chapter four.

<sup>25</sup> Between 1958 and 1990, a kilo of butter cost ten marks, a kilo of pork cutlet cost eight marks and a bread roll cost five pfennig. See Jutta Voigt, *Der Geschmack des Ostens: Vom Essen, Trinken und Leben in der DDR* (Berlin: Aufbau Taschenbuch, 2008), 49. According to an East German publication from 1987, in that year the East German state planned to spend over thirty two billion marks to support the low prices of basic foodstuffs. This amounted to an annual sum of almost two thousand marks per head of population. See A. Keck, V. Mros, B. Roessler and F. Wegmarshaus, *The Socio-Economic Basis of Health Protection for all citizens of the German Democratic Republic* (Berlin: GDR Academy for Postgraduate Medical Education, 1987), 40.

pfennigs and one mark twenty.<sup>26</sup> Although East Germans often complained about the quality of these meals, food was not in short supply.

That East Germans felt increasingly secure about having permanent access to a plentiful supply of food is indicated by evidence that by the 1980s a throw-away mentality had developed within the population. For example, in 1981 it was estimated that in the average private household between six and ten per cent of household groceries were thrown away.<sup>27</sup> Furthermore, wastage not only manifested itself in food being thrown in the bin but also in food, which was meant for human consumption, being given to household pets.<sup>28</sup> Perhaps unsurprisingly, the development of a throw-away mentality appears to have occurred gradually from generation to generation, with those who had experienced the post-war famine taking a less wasteful attitude towards food and other goods than subsequent generations.<sup>29</sup> Such a pattern was certainly suggested by the results of the questionnaires conducted in Dresden and Leipzig for this study (see *figure 3*). However, it must be borne in mind that there could be other explanations for these results, such as generational perceptions of what is the “correct” answer to a question about food wastage.

<b>Year of birth</b>	<b>% who said they never wasted food in the 1980s</b>
Before 1945	93.59
1945-1955	75.56
1956-1965	73.47
1966-1975	66.67

**Figure 3:** Percentage of questionnaire respondents who said they had never wasted food in the 1980s (according to year of birth).<sup>30</sup>

<sup>26</sup> Zunft, Möhr and Ulbricht, “Zur Ernährungssituation in der DDR”, 128 & 130.

<sup>27</sup> SAPMO-BArch, DL102/1481: Walter Dlouhy, Zielvorstellungen für die Entwicklung des Verbrauchs von Lebensmitteln im Zeitraum bis 1990 und danach. Arbeitsmaterial des Forschungskollektivs “Ernährungsstrategie” (Insitut für Marktforschung, Forschungskomplex Ernährung. Auftraggeber: Ministerium für Handel und Versorgung. Termin der Fertigstellung: 15.11.1981).

<sup>28</sup> This situation was flagged up in a report in 1983. See SAPMO-BArch, DQ1/11518: Information zur Mitwirkung an der Sortimentskonzeption Lebensmittel, 1983, 9.

<sup>29</sup> See Merkel, *Utopie und Bedürfnis*, 329-330.

<sup>30</sup> Based on the results of two hundred questionnaires conducted in Dresden and Leipzig in 2009 and 2010.

The development of a throw-away mentality reveals changing attitudes about the significance and value of food in East German society. For the generations with no memory of the hunger years or of the serious supply difficulties during the early period of the GDR's existence, food was viewed as a much more expendable commodity than it was by the older generation. However, the generational divide was far from clear cut. A number of my interviewees spoke about how the hunger experiences of their parents had directly impacted upon their own attitudes towards food. For example, Frau L. remembered that her mother (whom she described as a "war child") had, due to her wartime experiences, never allowed food to be thrown away. Frau L. attributed her own abhorrence of food being wasted to the example set by her mother when she was growing up.<sup>31</sup> The idea that parsimonious attitudes towards food were transmitted to the next generation by those who had experienced the war was summed up by Frau Sch. who described herself as belonging to the "eat-it-up generation" (*Aufessergeneration*). Like Frau L., she stated that still today she feels compelled to finish everything on her plate, even when she is not enjoying it.<sup>32</sup>

Despite evidence of the inter-generational transmission of sparing attitudes towards food, it seems that by the 1980s many East Germans, particularly the younger generation, took a much more relaxed attitude towards wasting it. Other changes in attitudes towards food and cultures of eating were also visible by this decade. For example, according to Professor Helmut Haenel, director of the Central Institute for Nutrition, by the late 1980s there had been a rise in "kiosk culture". Whereas in the past, East Germans had used fast-food street kiosks for an impulse snack in between meals, they were now increasingly eating one of their main meals here, rather than eating at home or in their school or work canteen. This was particularly true of young people. Haenel attributed this phenomenon to social changes, such as the flattening out of hierarchies within families, the reduction of authoritarian parenting, the increased numbers of working women and the increased spending power of East

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<sup>31</sup> Interview conducted in Berlin on 30<sup>th</sup> August 2010.

<sup>32</sup> Interview conducted in Berlin on 2<sup>nd</sup> September 2010.



German youth.<sup>33</sup> It is likely that such a trend was also the result of the expansion and diversification of fast-food kiosks during the 1970s and 1980s. Whereas in the first decades of the GDR's existence, such establishments had mostly sold boiled and grilled sausages, from the 1970s they also offered the newly invented East German answers to the hotdog (*Kettwurst*), the hamburger (*Grilletta*) and the pizza (*Krusta*).

These developments suggest that, to some extent, the GDR was participating in international trends in which increasing access to "fast-food" was leading to a "desocialisation" of eating practices. In the western context, fast-food culture was linked not only to the rise of fast-food restaurants but also to the development of convenience foods, which was fuelled by technological innovations, such as the microwave oven. These trends have been linked in some studies to the rise of eating disorders. For example, Brumberg argues that, in American society (and by implication in other societies with similar food cultures), the rise of "fast food" has played an important role in a "desocialised" culture of eating, in which "more and more food is being consumed away from the family table or any other fixed center of sociability". This, she argues, was particularly visible on college campuses where, since the early 1970s, "most undergraduate students were no longer required to take any sit-down meals at fixed times in college dormitories." Together, these trends had created "a setting where eating is so promiscuous, it is no wonder that food habits become problematic". This is not to say, however, that these developments *caused* disordered eating. Rather, according to Brumberg, it provided "fertile ground for those who carry the seeds of disorder with them from home."<sup>34</sup>

In some ways it might be tempting to apply these arguments to the GDR in the 1980s. Not only was there an increase in fast-food culture but there is evidence that a declining number of East German students ate in university canteens.<sup>35</sup> However, despite these trends, it must be recognised that fast-food culture in the East German

<sup>33</sup> "Die Heimatlose Küche", *Sonntag*, 14.2.1988, 7.

<sup>34</sup> Brumberg, *Fasting Girls*, 258-260.

<sup>35</sup> A report published in 1987 claimed that the numbers of students regularly eating lunch in the *Mensa* (university canteen) had fallen significantly from 73% in 1969 to 60% in 1979. See SAPMO-BArch, DC4/738a: Gesundheit und Gesundheitsverhalten von Hochschuldirektstudenten: Ergebnisse SIL (1982-1986), Zentral Institut für Jugendforschung, Dezember 1987, 27.

context was *very* different from in western nations, which since the 1970s had witnessed the rapid spread of corporate fast-food chains, such as McDonalds; and innovations, such as the “drive-thru” and home deliveries of hot meals, reflecting the world’s different cuisines. Contrastingly, in the GDR fast-food culture remained small-scale and, in comparison to the West, lacked diversity. There were no “drive-thrus” and East German restaurants did not, as a rule, offer home-delivery services. Furthermore, the technological shortcomings of the GDR had a negative impact on the development of “convenience foods”, such as frozen and microwavable products. Therefore, the rather moralistic argument that eating disorders are fostered by “promiscuous” eating habits does not have the same purchase in the East German context that Brumberg argues it has in the context of western capitalism. In the GDR, cultures of eating remained primarily rooted in the family home and other “fixed centres of sociability”, such as the school and workplace canteen.

## **II. A Woman’s Place is in the Factory?**

Another key argument in socio-cultural approaches to anorexia nervosa is that self-starvation is more common among girls and women, than among boys and men, because of social expectations and lived realities which connect women with food. It is pointed out that not only are women in western, capitalist nations primarily responsible for the buying, preparing and cooking of food, but that they are discursively constructed as being responsible for the nutritional health of others. Furthermore, there is a social expectation that women will put the food needs of their family before their own. Whereas “hearty” appetites are expected and encouraged in boys and men, it is often presumed that girls and women need or want less sustenance. A discursive link is also commonly drawn, it is argued, between female sexual desirability and food provisioning. This can be seen particularly starkly in western advertisements for food products. The aim of the following section is to analyse the extent to which these purported features of western capitalist societies were characteristic of life in the GDR.

Throughout the period 1949 to 1990, a system of communal eating was central to the SED's social policy. By establishing canteens in East Germany's schools and workplaces, it sought to forge a new collective spirit, whereby through the act of communal eating East Germans would be bound to one another and to the paternalistic state. They were also seen as a means of influencing the East German diet according to the dictates of nutritional scientists. In theory, not only would East Germans have access to nutritionally balanced meals in their school or workplace but receiving such a meal would also have a pedagogical effect by teaching East Germans how to eat "healthily". In this way, it was believed, communal eating would strengthen not only the collective spirit of East German children and workers but also their health and productivity.<sup>36</sup> Canteens would therefore aid the East German economy and the building of socialism. Nutritionists and politicians also believed that they would serve the East German economy by facilitating the rational use of foodstuffs. This would help to streamline production and avoid wastage. A final important ideological and practical reason for the introduction of a comprehensive system of canteens was related to the "woman question". The SED was committed to a policy of sexual equality (*Gleichberechtigung*) which would enable East German women to participate fully in the workforce. Canteens were to help women do this by freeing them from "the humiliation and exploitation associated with kitchen work".<sup>37</sup> This, then, raises the question of how far the canteen system achieved this aim.

The provisioning of meals in schools and factories had been established by the Soviet occupying forces in the immediate post-war period and was expanded by the SED after 1949.<sup>38</sup> However, despite the SED's commitment to the canteen system and

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<sup>36</sup> The idea that communal eating in canteens could be used to promote the health and productivity of the working classes had first been propagated in Europe in the nineteenth century. See Jakob Tanner, *Fabrikmahlzeit. Ernährungswissenschaft, Industriearbeit und Volksernährung in der Schweiz 1890-1950* (Zürich: Chronos, 1999); and Ulrike Thoms, "Industrial Canteens in Germany, 1850-1950", in Marc Jacobs and Peter Scholliers (eds), *Eating Out in Europe: Picnics, Gourmet Dining and Snacks since the Late Eighteenth Century* (Oxford and New York: Berg, 2003), 351-372.

<sup>37</sup> Kurt Drummer and Käthe Muskewitz, *Kochkunst aus dem Fernsehstudio: Rezepte, praktische Winke, literarische Anmerkungen* (Leipzig, 1968). Cited in Weinreb, "Matters of Taste: The Politics of Food in Divided Germany, 1945-1971", *Bulletin of the GHI*, 48, Spring 2011, 59-82. Quotation from p. 73.

<sup>38</sup> For a more detailed account see Alice Weinreb, "Matters of Taste", *Bulletin of the GHI*; and Alice Weinreb, "The Socialist School Lunch: Children, Mothers, and the Meaning of Work in the GDR", in

frequent efforts to improve the quality of meals, participation rates remained low in the early years. For example, according to official East German reports, in 1960 just 21.3% of East German school children ate a school meal.<sup>39</sup> Similarly, in 1965 the percentage of East German workers who ate their main warm meal in their workplace canteen was 22.4%.<sup>40</sup> Only in the 1970s and 1980s did these figures rise significantly, so that by 1985 66% of East German workers ate in a canteen; as did 86% of East German school children by 1988.<sup>41</sup> These figures reflect the increasingly important role played by the system of canteens in East Germany's cultures of eating.<sup>42</sup>

Despite the importance of the canteen system, eating within the home continued to be a central part of daily life for the majority of East Germans. Indeed, according to a report by the East German Institute of Market Research, in 1966 eighty one per cent of hot meals in the GDR were consumed in individual households. By 1976 this figure had reduced but only to sixty nine per cent. Although one of the goals of the canteen system had been to free East German women from the kitchen, it was they who were primarily responsible for preparing these meals. This reflected a continuation of traditional gender roles in the spheres of shopping and cooking, which was highlighted by a number of East German studies. For example, investigations conducted by the Institute of Market Research in 1978 and 1980, suggested that it was women who were primarily responsible for food shopping (see *figure 4*). Another study, published in 1986, revealed that it was also women who were “solely

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Mathias Middell and Felix Wemheuer (eds), *Hunger, Nutrition and Rationing under State Socialism, 1917-2006* (Leipzig: University of Leipzig Press, 2010).

<sup>39</sup> SAPMO-BArch, DL102/740: Die Entwicklung des Bedarfs in den Einrichtungen der Gemeinschaftsverpflegung bis 1990. Teil II: Kinder- und Schulspeisung. Institut für Marktforschung, Juni 1973, 30.

<sup>40</sup> Alice Weinreb, *Matters of Taste: The Politics of Food and Hunger in Divided Germany, 1945-1971* (PhD thesis, University of Michigan, 2009), 230.

<sup>41</sup> The figures for 1985 are cited in Weinreb, *Matters of Taste* (PhD thesis), 233. The figures for 1988 are cited in Zunft, Möhr and Ulbricht, “Zur Ernährungssituation in der DDR”, 130.

<sup>42</sup> This distinguished the GDR from contemporaneous capitalist countries, where there existed no extensive system of state-funded workplace canteens. However, some capitalist countries, such as the USA and France did establish or expand school lunch programmes during the early post-war years. West Germany, however, cancelled its school lunch programme in 1950. See Weinreb, “Matters of Taste”, *Bulletin of the GHI*.

or primarily responsible for kitchen work”, with 67% of female respondents and 54% of male respondents agreeing with this statement.<sup>43</sup>

	<b>1978 (% of households)</b>	<b>1980 (% of households)</b>
<b>Wife or other female member of the household</b>	87.7	87.8
<b>Husband or other male member of the household</b>	9.5	9.7

**Figure 4:** Sex of person primarily responsible for daily grocery shopping in 1978 and 1980.<sup>44</sup>

The two hundred questionnaires conducted in Dresden and Leipzig for the present study also suggest that food shopping and the preparation of meals were primarily conducted by women. For example, 94% of respondents said that when they had been children in the GDR, it was their mother who had shopped for food. Only 16% said their father had done this. Similarly, 95% of respondents said that when they had been children in the GDR, it was their mother who had cooked meals. Only 6% said their father had been responsible for this task. As adults in the GDR, 89 % of female respondents said they had shopped for food, and 93% of female respondents said they had cooked. The figures for male respondents were 60% and 40% respectively. The results of the questionnaires also suggest that female children were more likely to shop for food and to cook than were their male counterparts (see *figure 5*). Thus, although East German men were usually not the sole bread-winners in their families, when it came to the preparation and cooking of meals, pre-war gender structures within many families remained largely intact.

<sup>43</sup> SAPMO-BArch, DC4/522: Hauptforschungsbericht zur Studie: Leistung und Lebensweise junger Frauen in der DDR, Zentral Institut für Jugendforschung, April 1986.

<sup>44</sup> SAPMO-BArch, DL102/1454: Informationen aus Wiederholungsbefragungen. Teil III. Spezifische Verbrauchsprobleme auf dem Gebiet der Ernährung. Zusammenstellung von Informationen aus den Jahren 1970-1980. Institut für Marktforschung, 1981.

	<b>% who shopped for food</b>	<b>% who cooked</b>
<b>Female respondents</b>	21.1	3.3
<b>Male respondents</b>	16.8	1.3

**Figure 5:** Percentage of questionnaire respondents who said they shopped for food or cooked when they were children in the GDR (according to sex).<sup>45</sup>

The lived reality of women's responsibility for food provisioning was underpinned by official East German rhetoric, which, at the same time as proclaiming the need to free women from "the humiliation and exploitation" of kitchen work, strongly linked women with the task of shopping and preparing meals. For example, in the 1950s the East German women's organisation, the Democratic Women's Union of Germany (DFD), heavily promoted the idea that women were expected to maintain the primary responsibility of shopping for food, clothes and household goods. East German politicians also promoted this idea by depicting women as "consumer experts" who had an important role to play in the construction of the GDR's economy.<sup>46</sup> Furthermore, women were expected to educate themselves about healthy eating by engaging with the many articles about the topic which, from the late 1950s, appeared in the East German press, particularly in the women's magazines *Die Frau von heute* and *Für Dich*. By educating themselves in this way, it was expected that women would be able to prepare "healthy" meals for their families. Similarly, women were told that they should take a very real interest in the food that their children were receiving in the school canteen. Nutritionists advised mothers to agitate for better school lunches if they felt that the ones their children were receiving did not meet the statutory regulations. Nutritionists also called for local newspapers to publish school lunch menus "so that mothers have the opportunity to complete the nutrition of their children on a daily basis."<sup>47</sup> Another way in which the school lunch system maintained and perpetuated the traditional link between women and the feeding of children is shown by the recommendation

<sup>45</sup> Based on results of two hundred questionnaires conducted in Dresden and Leipzig in 2009 and 2010.

<sup>46</sup> Katherine Pence, "Labours of consumption: gendered consumers in post-war East and West German reconstruction", in Lynn Abrams and Elizabeth Harvey (eds), *Gender Relations in German History: Power, Agency and Experience from the Sixteenth to the Twentieth Century* (London: UCL Press, 1996), 211-238.

<sup>47</sup> Alice Weinreb, "The Socialist School Lunch".

by education and nutritional experts that the local school boards should “contact at least one mother knowledgeable about cooking in every district, who will supervise the preparation of the school meals in the canteen kitchens, and who will follow through on problems.”<sup>48</sup> East German women’s responsibility for the nutritional health of others was not confined to their immediate family. It also included the health of any guests they entertained within their homes. For example, an article published in 1987 admonished “housewives” for putting undue pressure on their guests to “overeat”. Women were told that it was inappropriate to ask their guests questions such as, “Do you not like my cooking?”<sup>49</sup>

It is clear, then, that, as in the West, East German women were discursively linked with food provisioning and the nutritional health of others. However, this did not operate in exactly the same ways as in western countries. Again, a key difference was the absence of a powerful advertising industry. This meant that East Germans were not incessantly bombarded with images connecting female desirability and sexual availability to food provisioning.<sup>50</sup> Nevertheless, this connection was not entirely absent from popular representations in the GDR. For example, East German advertisements for the cooking spice “Bino” used slogans such as “Cook with love, spice with Bino!” (*Koche mit Liebe, würze mit Bino!*), and “The way to the heart is through the stomach” (*Liebe geht doch durch den Magen*). These advertisements usually featured women as wives, lovers or secretaries seeking the affection of a man (*see figure 6*). In this way, they also reinforced the discursive construction of women as providers and men as receivers of food and nurturance. Another good illustration of the existence in the GDR of images linking female sexuality with food provisioning is shown in *figure 7*, which accompanied an article in the entertainment magazine, *Das Magazin*, entitled “Our topical survey: How does marriage agree with sex?”.

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<sup>48</sup> Alice Weinreb, “The Socialist School Lunch”.

<sup>49</sup> “In der Beschränkung liegt auch Genuß. Aus den Erfahrungen eines Ernährungswissenschaftlers”, *Berliner Zeitung*, 17/18.10.1987.

<sup>50</sup> For an analysis of the gendering of food advertisements in America, see Bordo, *Unbearable Weight*, 99-134.

It is argued that another important way in which the advertising industry in the context of western capitalism contributes to the discursive context in which anorexia nervosa is produced is through its propagation of the message that women must constrain and control their appetites, at the same time as encouraging men to give free rein to theirs.<sup>51</sup> Therefore, the absence of western-style advertising campaigns in the GDR also meant that East Germans were not constantly presented with this message in the same way as were those in the West. Nevertheless, as will become clear in the next two chapters, gendered discourses and representations about the importance of constraining one's appetite did exist in the GDR, despite the relative insignificance of the East German advertising industry.

Image removed due to copyright restrictions.

Advertisement shows a standing man holding a hot drink and placing his hand on a seated woman's shoulder. The tag line is "The way to the heart is through the stomach" (*Liebe geht doch durch den Magen*).

**Figure 6:** Advertisement for Bino, 1958.<sup>52</sup>

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<sup>51</sup> See Bordo, *Unbearable Weight*, 99-134.

<sup>52</sup> Reprinted in Tippach-Schneider, *Das große Lexikon der DDR-Werbung*, 41.



Image removed due to copyright restrictions.

A drawing showing a smiling woman cooking at a stove and a smiling man standing behind her, lifting up her skirt to reveal her bottom.

**Figure 7:** Illustration accompanying an article entitled “Our topical survey: How does marriage agree with sex?”<sup>53</sup>

The continuation of traditional gender structures and hierarchies manifested itself not only in terms of who purchased and prepared food or in the discursive construction of women as food providers and as guardians of nutritional health, but also in terms of who was permitted to eat what. In conjunction with official rhetoric about the social importance of easing women’s burdens in the kitchen, East German nutritionists emphasised the importance of women feeding themselves as well as their families. Only in this way would women be able to maintain their productivity (*Leistungsfähigkeit*).<sup>54</sup> However, despite this official rhetoric, some of the interviews conducted for the current study suggest that within East German families there still existed the traditional notion that girls and women required and/or deserved less food or different types of food than the male members of their families. For example, Frau A. (born 1953) remembered that during family meals her father received a large piece of meat, her mother and brother received a small piece, and she and her twin sister received no meat at all. Frau A. emphasised that because her family was unusually wealthy, there was no financial reason for this uneven

<sup>53</sup> “Unsere aktuelle Umfrage: Wie bekommt die Ehe dem Sex?”, *Das Magazin*, October 1984, 31-35.

<sup>54</sup> See Weinreb, *Matters of Taste* (PhD Thesis), 335.

distribution of meat.<sup>55</sup> Another interviewee, Frau B. (born 1961) also remembered that her father ensured that her brother received more food than was given to her or her sister.<sup>56</sup>

### III. Food as Emotional Weapon

Many explanations of anorexia nervosa argue that food refusal is an “emotional strategy” used to assert control and manipulate others. Some socio-cultural approaches which support this explanation, argue that self-starvation can only work as an effective emotional strategy in a cultural environment in which domesticity is venerated and in which eating is a “highly charged emotional and social undertaking” within the family.<sup>57</sup> As the above discussion about East Germany’s canteen system has shown, domesticity was not venerated in the GDR. Women were expected to work outside of the home and, by the 1980s, the majority of East Germans ate at least one meal per day (during the working week) in a public facility. However, it is also clear that eating within the home continued to be a central part of family life for most East Germans. It is, therefore, important to explore cultures of eating within the East German home and to consider the ways in which food and meals were invested with emotional significance.

For many East German families, their weekday meals within the home were cold ones, such as an evening supper of bread and cheese. However, as revealed by several of the interviews conducted for this study, a warm evening meal was the norm in some families. Whether they ate a cold or a hot meal, the majority of the interviewees (all born between 1939 and 1971) stated that eating together during the working week had been central to their experiences of family life. Many also commented on their memories of special family meals on Sundays, which usually

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<sup>55</sup> Interview conducted in Berlin on 31<sup>st</sup> August 2010.

<sup>56</sup> Interview conducted in Berlin on 4<sup>th</sup> October 2010.

<sup>57</sup> Brumberg, *Fasting Girls*, 174-175.

included meat. Indeed, it has been estimated that around forty per cent of household consumption of fresh meat occurred on a Sunday.<sup>58</sup>

Food also played an important role at social gatherings, which were often held within the home. The abundance of food at these gatherings, where “tables groaned under breads, cheeses, butter, sausages, cold meats, schnapps and beer”, led to the popular maxim that in the West the shop windows were full but the table at home was empty, whereas in the East the shop windows were empty and the table at home was bedecked with food.<sup>59</sup> Such food-centred gatherings were associated not only with traditional holidays, such as Christmas, Easter and Whitsun, but also with the many socialist or GDR-specific celebrations, such as the Day of the Republic (*Tag der Republik*), Women’s Day (*Frauentag*) and Youth Dedication celebrations (*Jugendweihe*).

Eating within the East German home was, therefore, an emotional undertaking, which expressed family bonds and social celebrations. Indeed, the centrality of food in East German social and family life has led to a certain collective nostalgia about this aspect of life in the GDR.<sup>60</sup> This focuses particularly on happy memories of shared food and laughter within the private sphere. However, as with all nostalgia, it marginalises memories of other, more negative, experiences. Not only does it often exclude memories of poor quality canteen meals and the endless trudging from store to store in the search of elusive products, but it also fails to acknowledge that the family dining table could be the site of considerable conflict, stress and upset. It is only through accessing personal memories of food and eating that one is reminded of this. For example, six of the interviewees who provided personal testimony for this study remembered family meals as having been governed by strict rules or

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<sup>58</sup> Merkel, *Utopie und Bedürfnis*, 316.

<sup>59</sup> See Harsch, *Revenge of the Domestic*, 278; and Paul Freedman, “Luxury Dining in the GDR”, in Mary Fulbrook and Andrew Port (eds), *Becoming East Germans: Socialist Structures and Sensibilities after Hitler* (New York and Oxford: Berghahn, forthcoming).

<sup>60</sup> Collective nostalgia for certain aspects of life in the GDR has become known as *Ostalgie*. Central to *Ostalgie* have been memories of food and eating. In part, this has led to a fetishisation of East German products, such as *Spreewald* pickles. It also focuses on the central role played by food in East German social gatherings. See Voigt, *Der Geschmack des Ostens*. Other examples of *Ostalgie* focusing on food and eating include numerous museum exhibitions and (post-*Wende*) GDR cookbooks.

marked by tension and conflict. Frau A. (born 1953) and Frau B. (born 1961) both recalled that their fathers had forbidden them from chatting with their siblings during meals. When they broke this rule, they had been banished from the table and forced to eat alone.<sup>61</sup> Frau F. (born 1964) remembered how she and her siblings had been forced by their father to remain at the table until they had finished all of the food on their plates. This had sometimes meant that they would have to sit there for hours.<sup>62</sup> Frau B. and Frau G. (born 1965) remembered mealtimes as often unhappy occasions because their parents had talked about work problems and had often argued.<sup>63</sup> Another interviewee, Frau M. (born 1968), recalled how she had hated family meals because she had been expected to praise her step-father and his cooking.<sup>64</sup>

One of the reasons that family meals carried such emotional charge was that food and eating had different meanings for different family members. This was particularly stark across the generational divide. As already alluded to in the discussion about attitudes towards food wastage, for those who had suffered deprivation during the war and in the immediate post-war period, food was invested with very different meanings than for those who had been born in a time when it was no longer in short supply. Many of the interviewees believed that it was these different experiences which led to some of the tensions, rules and conflicts which had characterised family mealtimes. For example, Frau A. stated her belief that the high value attributed to food in her family was the result of her father's experiences as a Soviet prisoner of war. She believed that it was for this reason that mealtimes were governed by strict rules and food was rarely thrown away. She also stated that she thought that the significant value with which her father invested food had led him to perceive her self-starving behaviour, which began in 1968, as a personal attack on him and his wartime experiences.

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<sup>61</sup> Interview with Frau A. conducted in Berlin on 31<sup>st</sup> August 2010; interview with Frau B. conducted in Berlin on 4<sup>th</sup> October 2010.

<sup>62</sup> Interview conducted in Berlin on 16<sup>th</sup> December 2010.

<sup>63</sup> Interview conducted with Frau G. in Berlin on 1<sup>st</sup> September 2010.

<sup>64</sup> Interview conducted in Berlin on 3<sup>rd</sup> September 2010.

Another example of food being invested with emotional meanings within the family is the way in which memories of hunger were used to induce feelings of guilt in those who complained about or who wasted food. For example, Frau L. remembered that if ever she had complained that a certain type of food was not to her taste, then her mother had reminded her of how she had suffered during the food shortages of the immediate post-war period. Similarly, questionnaire respondent D16 (born 1955) noted that if, as children, he and his brother had not wanted to finish their plates, then they had been reminded about how difficult it had been during the war and immediate post-war years to feed one's family.<sup>65</sup> Such discourses of guilt were not, however, unique to the private sphere. Interviewees and questionnaire respondents also remembered teachers using such techniques to persuade them to finish their plates.<sup>66</sup> Furthermore, the focus was not only on memories of earlier German hunger but also on the plight of contemporaneous "starving Africans".<sup>67</sup> One questionnaire respondent asserted that her teachers' reminders of "starving Africans" had affected her so deeply that she has always felt the need to hide left-over food when she dines in restaurants. Not to do so would, she believed, publicly display her "immorality".<sup>68</sup>

The significance of the legacy of the war and immediate post-war period in narratives of food and eating in the GDR, suggests that *one* of the meanings invested in food and food refusal in the East German context, was rooted in collective and personal memories of hunger during this time. Of course, the personal and social meanings which can be invested in eating are multiple. However, they are not limitless. Rather, they are bounded by the discursive context of a particular culture.

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<sup>65</sup> Questionnaire conducted in Dresden in July 2009. Other respondents who had similar memories were: respondent D42 (born 1932), who remembered that when food was wasted in subsequent decades, people would remind their children of the suffering in the immediate post-war period; respondent L74 (born 1949), who remembered that his parents and grandparents had often reminded him that in the post-war period he would have been grateful to receive something to eat; and respondent L89 (born 1959), who remembered that as children her parents had often reminded her and her sister of the food shortages of the immediate post-war years.

<sup>66</sup> Former East German teachers also remembered using these techniques. For example, respondent D83 (born 1943), stated that as a teacher in the GDR he had regularly told his pupils about the food shortages of that period, in order to discourage them from wasting food.

<sup>67</sup> For example, questionnaire respondent D3 (born 1976) remembered that her Kindergarten teachers told the pupils that it was immoral to waste food because there were so many starving African children.

<sup>68</sup> Questionnaire conducted in Dresden in July 2009.

For this reason, memories of post-war hunger would not have been widely relevant to the meanings of food and food refusal in other societies, such as the USA, but might have had valence in others, such as West Germany. In keeping with this line of argument, it is plausible to assert that in the GDR the considerable effort required to shop for food, particularly for non-staple products, meant that food refusal within the East German context carried different symbolic meanings than in affluent, capitalist nations. However, finding evidence to support this claim is very difficult. Perhaps the only people who could provide insight into the symbolic meanings of food refusal in the GDR are those who practised self-starvation and those who treated them for this behaviour. Unfortunately, as will be discussed in later chapters, while the interviewees who participated in this study were able to offer suggestions as to why they had begun to self-starve, none commented upon what refusal *meant* within the wider cultural context of the GDR. Indeed, most expressed confusion and bafflement when the question was asked directly.

#### **IV. Conclusion**

In many ways, cultures of eating in the GDR were very different from those in western, capitalist nations. While recognising that there were significant differentiations in cultures of eating across the western, capitalist world, it is clear that they exhibited some common features which were not reflected in the East German context. The key differences were the endemic shortages of certain foodstuffs, the relative lack of product diversity, the absence of a fast-food culture in the western sense, the non-existence of a capitalist advertising industry and the significance of the publicly-funded canteen system. Together, these differences highlight the limited usefulness of western-centric socio-cultural approaches to anorexia nervosa when analysing the East German context. Not only does it seem probable that food did not act as an “analogue of the self” in the same ways as it did in western *Überflussgesellschaften* (affluent societies of excess) but also that conflicting messages to consume and to self-deny functioned very differently in the GDR. Furthermore, the “promiscuity” of eating behaviours, which, it is argued,

developed in western societies, particularly in America, did not develop to nearly the same extent in East Germany.

Nevertheless, despite the western-bias of the socio-cultural arguments explored in this chapter, it has been shown that some of them do resonate within the East German context. This is particularly stark in relation to the gendering of discursive constructions and social realities of food provisioning and consumption. However, here also the different economic systems led to key differences between East German and western contexts. These differences were strongly influenced by the absence of a western-style advertising industry.

A final way in which western-centric arguments could be seen to resonate in the East German context is that although there existed a comprehensive canteen system and domesticity was not venerated, eating within the family remained central to East German cultures of eating. This meant that, as in the West, eating within the home could be “a highly charged emotional and social undertaking”, in which food was invested with emotional significance. However, the emotional significance with which food was invested was dependent not only upon the circumstances and dynamics of individual families but also upon the wider material and discursive contexts of the GDR. This chapter has shown that these contexts were very different from contemporaneous capitalist societies. In so doing, it has suggested that relationships between food and self, as well as the ability of food to function as an “emotional weapon”, were, in many ways, peculiar to the socialist context of the GDR and its legacy of post-war shortages. The importance of these peculiarities will be analysed further in the next chapter in relation to discourses and representations of food, body and self in East German health propaganda.

### Chapter 3

## **“Socialist Bodies/Socialist Personalities”: Health Propaganda and Discursive Constructions of the “Normal Weight” and “Overweight” Body**

A key argument of many socio-cultural approaches to anorexia nervosa is that it occurs in societies which venerate the “slender” body and stigmatise the “fat” body. In the context of western capitalism in the second half of the twentieth century, it is argued that this cultural environment is created in large part by powerful capitalist industries, such as the media, advertising, dieting and fashion industries, which have financially vested interests in encouraging people to monitor and discipline their own bodies. The absence of capitalist industries in the socialist GDR meant that a key aspect of this material and discursive context relating to food, body and self was largely missing. As pointed out in the previous chapter, although East Germans did have access to images of western consumer culture via West German television stations, the very different economic system of the GDR meant that they were not subjected to the full force of consumer capitalism in the same way as their western counterparts.

This raises questions about the ways in which different “body types” were discursively constructed in the GDR and with what meanings they were invested. Did the absence of capitalist industries mean that the “slender” body was not venerated and the “fat” body was not stigmatised? Or, were similar messages about “body fat” propagated in the GDR as in the West but through means other than those related to the capitalist drive for profits? By drawing on archival material from East German health authorities, such as the Ministry of Health, the National Committee of Health Education, the Central Institute for Nutrition and the German Hygiene Museum, and on material which appeared in the media and in healthy-living exhibitions, this chapter answers these key questions through an investigation of the production and presentation of East German health propaganda focusing on body weight and food consumption. In so doing, it explores the extent to which East Germans were



encouraged to engage in practices of weighing, counting and mathematisation in relation to their bodies. In this way, it investigates the resonance within the East German context of the argument that anorexia can be seen as “a discursive event that occurs within a general discursive network concerned with analysis, regulation, and normalization.”<sup>1</sup>

### **I. Dominant Conceptions of Health and Approaches to Healthcare in the GDR**

From the foundation of the GDR in 1949, the ruling authorities were concerned with assessing, defining and influencing the health of the population. In official socialist rhetoric, this interest in health was central to the state’s paternalistic mission-statement: *Alles zum Wohl des Volkes* (everything for the good of the people). However, as in all modern states, the key motivating factors for official interest in the health of the population were economic and political. Only a healthy population could ensure the economic success of socialist East Germany. Furthermore, a healthy population would boost the legitimacy of the regime and help to “prove” the superiority of the socialist, as opposed to the capitalist, system. Indeed, as has been argued elsewhere, “health” became integral to the construction of East German national identity, the population was repeatedly told that it could be fully realised only in a socialist society.<sup>2</sup> This idea was not only encapsulated in the official slogan “Socialism is the path to health” (*Der Sozialismus ist der Weg zur Gesundheit*) but was also enshrined in article thirty five of the 1968 constitution which stated that “every citizen has the right to the protection of his health and working capacity (*Arbeitskraft*).”

Official conceptions of health centred on the concepts of *Leistungsfähigkeit* (productive capacities) and *Volksgesundheit* (health of the nation). A “healthy” person was someone who, through his/her labour, could contribute to the state and

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<sup>1</sup> Abigail Bray and Claire Colebrook, “The Haunted Flesh: Corporeal Feminism and the Politics of (Dis)Embodiment”, *Signs*, 24, 1, 1998, 35-67, 63.

<sup>2</sup> Young-sun Hong, “Cigarette Butts and the Building of Socialism in East Germany”, *Central European History*, 35, 3, 2002, 327-344.

to society. This stance was made clear in a 1958 draft of the principles of East German health care:

The socialist Law for the Protection of Health serves in the first place the care and retention of the health of the working person, because only a healthy person is in the position to constructively employ his mental and bodily capacities...The Law for the Protection of Health aims at the retention of the largest possible proportion of people capable of work, at the prevention of early invalidity and at the lengthening of lifespan.<sup>3</sup>

Thus, health became a function of the ability to produce.<sup>4</sup> Furthermore, the concept of *Leistungsfähigkeit* linked the individual to the collective. A nation of *leistungsfähig* (productive) individuals would constitute a strong, healthy nation (the *Volksgesundheit*). These two concepts of *Leistungsfähigkeit* and *Volksgesundheit* had been introduced by the Soviet occupying authorities in the immediate post-war period and both concepts remained central to official East German conceptions of health until the collapse of the GDR in 1990.<sup>5</sup>

In order to be *leistungsfähig* and therefore “healthy”, one had to be free from illness. However, freedom from illness was not sufficient. East Germans were also expected to be physically fit. Furthermore, as in all modern societies, health was not only

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<sup>3</sup> Cited in Annette F. Timm, “Guarding the Health of Worker Families in the GDR: Socialist Health Care, Bevölkerungspolitik, and Marriage Counselling, 1945-1970”, in Peter Hübner and Klaus Tenfelde (eds), *Arbeiter in der SBZ-DDR* (Essen: Klartext Verlag, 1999), 463-495.

<sup>4</sup> Timm, “Guarding the Health of Worker Families”, 473.

<sup>5</sup> The two guiding principles of *Volksgesundheit* and *Leistungsfähigkeit* drew on much older German traditions. Although healthcare administrators and planners in the Soviet zone of occupation and subsequently in the GDR eschewed Nazi conceptions of racial hygiene, the terms *Volksgesundheit* and *Leistungsfähigkeit* echoed the Nazi regime’s concept of *Volksgemeinschaft* (healthy folk community) and its programme of *Kraft durch Freude* (Strength through Joy). Under the Nazis, ethnic Germans had been expected to contribute to the healthy *Volkskörper* (national body) by maintaining their fitness and avoiding “genetic poisons”, such as alcohol and tobacco, which were believed to be contributing to the degeneration of the German *Volk* (see Robert N. Proctor, *Racial Hygiene: Medicine under the Nazis* (Cambridge, MA: Harvard University Press, 1988), 237-241). Ideas linking individual health to the health of the German nation had not been invented by the Nazis, however. Such considerations had been characteristic of the nineteenth-century life reform movement (see Michael Hau, *The Cult of Health and Beauty in Germany: A Social History, 1890-1930* (Chicago: The University of Chicago Press, 2003), 12). Concerns about the health of the nation had first come to the forefront of the political agenda in the wake of the First World War. As later in the GDR, these concerns had been linked to the need to rationalise and increase production (see Paul Weindling, *Health, Race and German Politics Between National Unification and Nazism, 1870-1945* (Cambridge: Cambridge University Press, 1993)).

considered a physical entity but also a moral one. A “healthy” person was not simply someone who was physically fit and free from illness but also someone who thought and behaved in officially-sanctioned ways. In the GDR, this meant that health became closely tied to the SED’s project of creating the new socialist personality.

This concept was given shape in 1958 with the announcement of Walter Ulbricht’s “Ten Commandments for the New Socialist Human Being” (*Zehn Gebote für den neuen sozialistischen Menschen*). Commandment number seven stated: “You should constantly strive for the bettering of your productivity, be economical and consolidate the socialist work discipline” (*Du sollst stets nach Verbesserung Deiner Leistung streben, sparsam sein und die sozialistische Arbeitsdisziplin festigen*). The demands of this commandment, which East Germans were expected to personify, became central to East German health authorities’ conceptions of health and socialist ways of consuming, which were to stand in contrast to “unhealthy”, wasteful, profit-driven consumption in the capitalist West. However, perhaps the most important link between the concept of the new socialist personality and health was the idea that socialist human beings would show a commitment to the collective and an awareness of how individual actions impacted on wider society. This meant that socialist personalities could be expected to actively strive for their own health and the health of their fellow citizens. Furthermore, they were expected to respond positively to official discourses about health and consumption which positioned certain practices and behaviours as beneficial to society and others as detrimental to it. This fitted in with the regime’s goal of replacing wholly individualistic concepts of health with more collectivist ones.

Socialist personalities were thus expected to live their lives in a way which was commensurate with the GDR’s prophylactic approach to healthcare.<sup>6</sup> This expectation

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<sup>6</sup> Although the aim of the GDR healthcare system was to “unite prevention (*Vorsorge, Prävention* or *Prophylaxe*), curative care (*Heilung* or *Therapie*) and after-care/rehabilitation (*Nachsorge* or *Metaphylaxe*)”, the emphasis was very much on prevention. Quote taken from Timm, “Guarding the Health of Worker Families”. See also Anne-Sabine Ernst, *“Die beste Prophylaxe ist der Sozialismus”*: *Ärzte und medizinische Hochschullehrer in der SBZ/DDR, 1945-1961* (Münster: Waxmann, 1997), 36; and Anna-Sabine Ernst, ‘Von der bürgerlichen zur sozialistischen Profession? Ärzte in der DDR, 1945-

first became central to East German health policy from the late 1950s. Until this time, the focus had been on public health initiatives to tackle contagious diseases, such as VD and TB, and the social causes of illness. This strategy was in keeping with social hygienic ideas which underpinned East German preventative medicine. However, from the late 1950s, increasing emphasis was placed on trying to persuade East Germans to adopt “healthy lifestyles”.<sup>7</sup> Consequently, health education assumed an increasingly important role in East German health policy.

In the GDR, health education was defined as the “joining together of measures of education, (information), upbringing, agitation and propaganda, all of which aim towards the securing of the health and productivity of the person, and the securing of an active, long life.”<sup>8</sup> Ultimate responsibility for the planning and execution of health education lay with the Ministry of Health (*Ministerium für Gesundheitswesen*), supported by the National Committee of Health Education (*Nationales Komitee für Gesundheitserziehung*). The National Committee was in turn supported by the Institute of Health Education of the German Hygiene Museum, based in Dresden (*Institut für Gesundheitserziehung des Deutschen Hygiene-Museums*). It was the Hygiene Museum which was responsible for many of the health education materials produced in the GDR, including posters, advertisements, brochures, films and exhibitions. The organisation of health education at a local level was led and executed by the Regional and District Committees (*Bezirks- Kreiskomitee*) and the Regional and District Cabinets (*Bezirks- Kreiskabinette*). Other organisations, such as the trade union organisation (*FDGB*), the women’s organisation (*DFD*) and the youth organisation (*FDJ*), as well as the mass media, were also utilised in the name of health education. Nutritional scientists from the Central Institute for Nutrition formed another key group which played an instrumental role in the propagation of health

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1961’, in Richard Bessel and Ralph Jessen (eds), *Die Grenzen der Diktatur: Staat und Gesellschaft in der DDR* (Göttingen: Vandenhoeck und Ruprecht, 1996), 25-48.

<sup>7</sup> Timm, “Guarding the Health of Worker Families”.

<sup>8</sup> *Internationales terminologisches Wörterbuch Gesundheitserziehung* (Dresden, 1984). Cited in Ursula von Appen, “Theoretisches Konzept und gesellschaftliche Wirklichkeit der Gesundheitserziehung – Erfahrung des Kreiskabinetts/Kreiskomitees für Gesundheitserziehung Schwerin”, in Wilhelm Thiele (ed.), *Das Gesundheitswesen der DDR: Aufbruch oder Einbruch? Denkanstöße für eine Neuordnung des Gesundheitswesens in einem deutschen Staat* (Sank Augustin: Asgard Verlag, 1990), 265-269.

advice.<sup>9</sup> So too were medical professionals, whom the ruling Socialist Unity Party (SED) co-opted into the GDR's health education programmes.

The shift from focusing on public health initiatives towards an increasing emphasis on "healthy lifestyles" was partly the result of the regime's economic difficulties. Health education was viewed as a cheaper option. However, it was also the result of changing disease patterns. In the immediate post-war years, concerns about the physical health of the East German population had focused on the effects of malnutrition due to food shortages; the spread of infectious diseases, such as tuberculosis; and the high infant mortality rate. The latter two concerns continued to pre-occupy the East German health authorities in the first decade of the GDR's existence.<sup>10</sup> However, during this time, as living standards rose, chronic diseases such as diabetes and cardiovascular disease (CVD) became increasingly pressing health concerns which commanded the attention of the East German health authorities.

Chronic diseases, such as CVD, were not a wholly new concern in the German context. "Diseases of civilisation" had received considerable attention in Weimar Germany, where conditions such as CVD had been linked to the eating habits, reduced physical activity and higher levels of stress associated with "modern lifestyles". In Nazi Germany, concerns about CVD had been eclipsed by concerns about cancer.<sup>11</sup> However, in the 1950s, CVD re-emerged as an issue of official concern in both East and West Germany. In both Germanys, it was once again discussed as a "disease of civilisation" related to "modern lifestyles". Consequently, the health

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<sup>9</sup> The Central Institute for Nutrition was founded in 1948. It was the GDR's leading nutritional research institute. In 1957 it became an institute of the German Academy of Sciences. From this point on, its constitution stated that it had "the task of introducing scientific ways of nutrition, of conducting measures of education, consultation and steering as well as organizing training seminars, courses and lectures." Cited in Ulrike Thoms, "Separated, but Sharing a Health Problem: Obesity in East and West Germany, 1945-1989", in Derek J. Oddy, Peter J. Atkins and Virginie Amelien (eds), *The Rise of Obesity in Europe* (Farnham and Burlington: Ashgate, 2009), 207-222.

<sup>10</sup> Jens-Uwe Niehoff, "'Sozialismus ist die best Prophylaxe'? Anmerkungen zum Präventionsdiskurs in der DDR", in Susanne Roeßiger and Heidrun Merk (eds), *Hauptsache gesund! Gesundheitsaufklärung zwischen Disziplinierung und Emanzipation* (Marburg: Jonas Verlag, 1998), 180-201.

<sup>11</sup> Robert N. Proctor, *The Nazi War on Cancer* (Princeton: Princeton University Press, 1999).

authorities in the GDR and the Federal Republic became interested in influencing their citizens' eating habits, body weight and physical activity.<sup>12</sup>

The impetus to influence East Germans' lifestyles and behaviour was boosted at the beginning of the 1970s by the GDR's adoption of the risk factor model of disease. This model had been introduced into the American life insurance industry at the turn of the twentieth century and had come to dominate American approaches to the health sciences around 1960.<sup>13</sup> The risk factor model linked the probability of disease to certain patterns of behaviour and to physical characteristics of groups of individuals. In the GDR, social hygienists, who dominated the fields of epidemiology and preventive medicine in the 1950s and 1960s, were resistant to the risk factor model which was perceived as "reductionist and more closely associated with clinical medicine than with social hygiene proper".<sup>14</sup> Furthermore, there was a "strong reluctance by the political elite to adopt Western approaches to health care."<sup>15</sup> This resistance ebbed away in the early 1970s for a number of reasons. First, a scientific model which could be used to emphasise individual responsibility for health fitted in with the individualist focus ushered in by Honecker's "unity of economic and social policy". Second, one of the key priorities for the GDR leadership in the early 1970s was acquiring international recognition for the GDR. The SED leadership believed that this could be facilitated through the adoption of Western scientific approaches as a basis for involvement in international research projects and close co-operation with the World Health Organisation. Third, a generational shift introduced proponents of the risk factor model into key scientific and political organs of the state.<sup>16</sup>

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<sup>12</sup> See Jeannette Madarász, "Perceptions of Health after the Second World War: Risk and the Preventive Self in East and West Germany, 1945-1975", in Mary Fulbrook and Andrew Port (eds), *Becoming East Germans: Socialist Structures and Sensibilities after Hitler* (New York and Oxford: Berghahn, forthcoming).

<sup>13</sup> See William G. Rothstein, *Public Health and the Risk Factor: A History of an Uneven Medical Revolution* (Rochester: University of Rochester Press, 2003).

<sup>14</sup> Carsten Timmermann, "Americans and Pavlovians: The Central Institute for Cardiovascular Research at the East German Academy of Sciences and its precursor institutions as a case study of biomedical research in a country of the Soviet Bloc (c. 1950-80)", in Virginia Berridge and Kelly Loughlin (eds), *Medicine, the Market and the Mass Media: Producing health in the 20th century* (London and New York: Routledge, 2005), 244-265.

<sup>15</sup> Madarász, "Perceptions of Health".

<sup>16</sup> *Ibid.*

## II. Concerns about Obesity

As the issue of chronic diseases began to command the attention of the GDR's health and scientific authorities in the late 1950s, official interest in East Germans' eating habits, body weight and physical activity began to rise. Increasingly, the "overweight" body came under the gaze of these authorities. In 1958, a memorandum was published on the topic of the improvement of the nation's nutrition as the cornerstone of securing individuals' *Leistungsfähigkeit* and the *Volksgesundheit*. This memorandum, which was produced jointly by the German Academy of Sciences, the Central Institute for Nutrition and the Ministry of Health, reported that East Germans were consuming too many calories, too much fat and too few vitamins and minerals.<sup>17</sup> It was feared that if this trend continued, the GDR would follow the USA and West Germany into a future characterised by fatness and diet-related ill health. This fear was highlighted at a conference entitled "Nutrition and Health" held in 1959, where it was claimed that "the GDR [was] perhaps ten years behind the USA and five years behind the Federal Republic of Germany" in terms of obesity (*Fettleibigkeit*) and its attendant diseases.<sup>18</sup> As stated at the conference, the GDR did not want to follow down this path. Thus, in an attempt to steer the GDR on to a different path, the East German health authorities began to produce healthy-eating campaigns, which sought to educate the East German public about how to be "socialist consumers" and thereby craft "healthy", "socialist" bodies. The discourses and strategies integral to these campaigns, and the ways in which they attempted to regulate and normalise health, bodies and consumption will be analysed in the later sections of this chapter.

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<sup>17</sup> SAPMO-BArch, DQ1/2098 – "Denkschrift zur Sicherung und stufenweisen Verbesserung der Volksernährung als Grundpfeiler für Volksgesundheit und Leistungsfähigkeit", Berlin und Potsdam-Rehbrücke, 9.5.1958. The report states that after discussions between representatives of the State Planning Commission (*Staatlichen Plankommission*) and the Ministry of Health and scientists from the Central Institute for Nutrition and the Clinic for Physical-Dietetic Therapy in Berlin-Buch (Klinik für physikalisch-diätetische Therapie) it had been decided that the target number of calories to be consumed per day per head should be reduced from 3,500 to 2,950. The report recommended that, due to the ever-increasing mechanisation of daily life and the subsequent reduction in physical labour, by the year 1975 this target should gradually have been reduced to between 2,700 and 2,800.

<sup>18</sup> SAPMO-BArch, DQ1/22303 – Ernährung und Lebensweise – Vorträge und Tagungen, 1957-1963. "Ernährung und Gesundheit", 18 Dezember 1959.

By focusing on diet, “excess” body weight and chronic disease, the GDR authorities were participating in contemporaneous, global trends. During the 1950s, “diseases of civilisation” or “diseases of affluence” began to be discussed in the popular media throughout Europe and North America.<sup>19</sup> By the 1960s, particular attention was being paid to the amount of fat in the diet and the amount of fat on the body. This was not only true in western countries, such as the United Kingdom and the USA, but also in the Eastern Bloc. For example, in 1955 the final resolution of the fourth Congress of the Dietary Section of the Society for Dietary Nutrition in Czechoslovakia stated that obesity was one of the most common threats to public health.<sup>20</sup> From the 1960s, the topic was a matter on which there was close co-operation between East German nutritional scientists and their peers in other socialist countries, such as the USSR, Poland, Czechoslovakia, Hungary and Bulgaria.<sup>21</sup> It was only in the 1970s, as the GDR seriously pursued international recognition, that significant co-operation with Western, capitalist countries began. For example, in the 1970s and 1980s, the GDR hosted and attended international conferences and symposia specifically about diet and obesity.<sup>22</sup> Furthermore, it participated in the World Health Organisation’s multinational MONICA project which was set up in the early 1980s to monitor trends in cardiovascular diseases. The adoption of the western risk factor model of disease

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<sup>19</sup> See Peter N. Stearn, *Fat History: Bodies and Beauty in the Modern West* (New York: New York University Press, 1997), particularly chapter 5; and Derek J. Oddy and Peter J. Atkins, “Conclusion”, in Derek J. Oddy, Peter J. Atkins and Virginie Amelien (eds), *The Rise of Obesity in Europe* (Farnham and Burlington: Ashgate, 2009), 223-233. For a discussion of the situation in West Germany in the 1950s and 1960s, see Michael Wildt, *Am Beginn der “Konsumgesellschaft”: Mangelserfahrungen, Lebenshaltung, Wohlstandshoffnung in Westdeutschland in den fünfziger Jahren* (Hamburg: Ergebnisse Verlag, 1994), chapter 16.

<sup>20</sup> Martin Franc, “Socialism and the Overweight Nation: Questions of Ideology, Science and Obesity in Czechoslovakia, 1950-1970”, in Derek J. Oddy, Peter J. Atkins and Virginie Amelien (eds), *The Rise of Obesity in Europe* (Farnham and Burlington: Ashgate, 2009), 193-205.

<sup>21</sup> See “Über zwei Jahrzehnte Ernährungsforschung”, *Die Lebensmittel-Industrie*, 14, 2, 1967. Between 1971 and 1975, contracts of co-operation were signed between the GDR’s Central Institute for Nutrition and the parallel organisations in other socialist bloc countries. For example, such a contract was signed with the Institute for Nutrition in Sofia to research into the influence of nutrition in the development of obesity. Similar contracts were signed with the institutes for nutrition in Moscow, Warsaw and Prague. See DfE Arch, Kasten 197, “Projekt “Ernährung und Gesundheit”. Teilprojekt “Ernährung und Leistung”: Fünfjahresabschlußbericht, 1971-1975”, Potsdam-Rehrbrücke, December 1975.

<sup>22</sup> These included, in June 1971, a symposium entitled “Nutrition – Obesity – Arteriosclerosis” which was held in Potsdam and was attended by representatives from the GDR, Bulgaria, Czechoslovakia, Switzerland, Finland and the Federal Republic of Germany. In 1980, representatives from the GDR attended the Third International Congress about Obesity which was held in Rome. These conferences addressed the topic of obesity from many different angles, including pathogenesis, therapy and prevention.



at this time sharpened East German health authorities' focus on the "overweight" body, which became deemed a specific "risk" to health, *Leistungsfähigkeit* and life expectancy.

Concerns about the link between "excess" weight and disease led to attempts in the 1960s to discover how many East Germans could be classed as "overweight" and "obese". Epidemiological investigations, conducted in the GDR between 1963 and 1968, drew primarily on out-patient registers (*ambulanter Register*), particularly those registers compiled during the mass x-ray screenings (*Röntgen-Reihenuntersuchungen*) which had been a central part of the GDR's campaign against tuberculosis.<sup>23</sup> The weight classifications used in these investigations were based almost exclusively on the Broca-Index, which stated that "normal weight" in kilograms was equal to height in centimetres minus one hundred.<sup>24</sup> Anyone who weighed 20% or more above their "normal weight" was classified as "obese" (*adipös*). According to these investigations, around 20% of East German men, 40% of East German women and 15 - 20% of East German children were "obese". These figures, based on investigations from the 1960s, were regularly quoted at conferences and cited in scientific journals, health education materials and the popular media throughout the 1970s and 1980s.

The key promoters of the above figures were scientists from the Central Institute for Nutrition, who used the figures to stress the urgency of the nutritional situation facing the GDR and the importance of persuading East Germans to follow the nutritional advice emanating from the Institute. In the 1970s, questioning of these figures was not tolerated. This is clearly shown by correspondence between

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<sup>23</sup> DfE Arch, Kasten 327, Blatt 146-177: Manfred Möhr, "Aspekte und Probleme epidemiologischer Adipositasforschung", 1983. For more on the mass x-ray screenings, see Steve Strupeit, "Präventive und gesundheitsförderliche Aufgaben und Maßnahmen durch Gemeindeschwestern in der ehemaligen DDR – ein Rückblick", *Pflege & Gesellschaft*, 13, 2, 2008, 159-173.

<sup>24</sup> The Broca-Index was invented by French surgeon, Paul Broca, in 1871. The GDR was not alone in using this index for epidemiological studies of obesity. It was also used in Austria, Bulgaria, West Germany, UK, Norway and Switzerland. See "Appendix Table 1 Prevalence of Obesity in Europe", in Reinhold Kluthe and Annegret Schubert, "Obesity in Europe", *Annals of Internal Medicine*, December 1985, 1037-1042.

Professor Haenel, director of the Central Institute for Nutrition, and Professor Winter, rector of the Academy for Advanced Medical Training (*Akademie für Ärztliche Fortbildung*).<sup>25</sup> The correspondence was prompted by a co-authored article by Professor Winter, which appeared in the magazine *Humanitas* on 29 May 1976.<sup>26</sup> This article had reported on a recent symposium of the Society for Social Hygiene (*Gesellschaft für Sozialhygiene*). It had stated that the statistics which claimed that over 40% of East German women and over 20% of East German men were obese were unsubstantiated because they had been based on the Broca-Index, which was widely recognised as an arbitrary measure which could only be used as a crude rule of thumb. Furthermore, the article claimed that the real percentage of East Germans who were suffering from “over-nutrition” was only 15%. It also asserted that the propagation of the figures 40% and 20% exerted unnecessary stress on the East German population.

Haenel wrote to Winter to express his regret that such a debate about facts had taken place in public. He feared that this would only lead to confusion and to the impression that the problem of “over-nutrition” in the GDR was insignificant. According to Haenel, even if only 15 or 20% of the population were overweight, obesity would still count as one of the most widespread national diseases (*Volkkrankheiten*) in the GDR. The main point of the letter was to ask for Winter’s co-operation with the Central Institute for Nutrition, so that scientific agreement on this question could be reached before going public. The fact that the figures which stated that 20% of men and 40% of women were overweight continued to be so widely cited suggests that this co-operation never took place in any meaningful way.

By the late 1970s and early 1980s, however, even scientists in the Central Institute for Nutrition were strongly asserting the unreliability of these figures. They argued that they were not only outdated, but they were also unreliable because of incoherent

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<sup>25</sup> Institut für Geschichte der Medizin, Archiv Zeitgeschichte, Charité, Berlin, Lämmel 25, Ia-000129, Ordner 25: Letter from Haenel to Winter, 11.6.1976.

<sup>26</sup> Klemm, Varadi and Winter, “Epidemiologie nichtübertragbarer Krankheiten: 3. Symposium der Gesellschaft Sozialhygiene der DDR”, *Humanitas*, 11, 29 May 1976, 13. *Humanitas* was billed as the magazine for medicine and society. It was advertised as a magazine aimed at doctors, nurses, pharmacists and the general public.

research methods and the use of the over-simplistic Broca-Index. For example, a report from 1983 argues that although the figures had all been based on the Broca-Index, there had been no unified method in the collection and evaluation of the data. Furthermore, the report deemed the Broca-Index to be inaccurate, particularly for women and very tall or short men. This undoubtedly partly explains why the figure for “overweight” women was so much higher than for men. The report also makes clear that the lack of epidemiological studies in the 1970s and 1980s meant that it was impossible to accurately describe the current situation.<sup>27</sup> Nevertheless, despite these objections within scientific circles, they were contained within official reports and were not relayed to the general public. Until the collapse of the GDR, the “official” picture presented to East Germans was that 30% of the total population was “overweight” or “obese”.<sup>28</sup> This amounted to 20% of East German men and 40% of East German women. From the mid-1970s, the popularly propagated figure for “overweight” children was between 10 and 15%. This was slightly lower than the figure of between 15 and 20% which had been propagated in the 1960s and early 1970s. This modification was a consequence of studies of school children conducted in the early 1970s. However, these studies were also criticised in reports by the Central Institute’s scientists for being too restricted in their sample size and geographic area and for incoherent research methods.<sup>29</sup>

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<sup>27</sup> DIfE Arch, Kasten 327, Blatt 146-177: Manfred Möhr, “Aspekte und Probleme epidemiologischer Adipositasforschung”, 1983.

<sup>28</sup> Messages about whether these figures referred to the percentage of East Germans who were “overweight” or “obese” were conflicting. Some articles used the word “*Übergewicht*” (overweight), while others used the words “*Fettsucht*” (obesity) or “*Adipös*” (adiposity). This point was raised in a 1983 report by the Central Institute for Nutrition: “the terms overweight (*Übergewicht*) and obesity (*Fettsucht*) are often used as synonyms, although they are not identical.” DIfE Arch, Kasten 327, Blatt 146-177: Manfred Möhr, “Aspekte und Probleme epidemiologischer Adipositasforschung”, 1983.

<sup>29</sup> For criticisms of the studies of “excess” weight among East German children see, DIfE Arch, Kasten 66, Blatt 5: D. Johnsen, “Zur Adipositas-häufigkeit bei Kindern und Jugendlichen in der DDR (Literaturstudie)” (Zentralinstitut für Ernährung der Akademie der Wissenschaften der DDR, March 1978); DIfE Arch, Kasten 77, Blatt 4: D. Johnsen, I. Kormann and M. Möhr, “Ernährungssituation und Ernährungszustand in ausgewählten Bevölkerungsgruppen in Abhängigkeit von sozialökonomischen Faktoren – Modell bei Kindern und Jugendlichen”, 1980; and DIfE Arch, Kasten 327, Blatt 146-177: Manfred Möhr, “Aspekte und Probleme epidemiologischer Adipositasforschung”, 1983.

### III. Discursive Constructions of the “Normal Weight” and “Overweight” Body

In order to try to combat the perceived rising levels of obesity and encourage East Germans to adopt “healthy” lifestyles, the health authorities produced propaganda which promoted discourses of regulation and normalisation. These discourses can be grouped into two broad categories. First, there were those which instructed East Germans on what was “normal”, on how they should live and on what practices they should adopt. Second, there were those which focused on *persuading* East Germans to be “normal”, to live in a certain way and to adopt certain practices. The ultimate aim of the health authorities in promoting all of these discourses was to persuade East Germans to regulate their own behaviour in ways which were sanctioned by the state.

This section begins by exploring the official discourses which instructed East Germans about “normal” body weight and about how to maintain or regain it through the practice of calorie counting. This is followed by an exploration of the discourses which attempted to *persuade* East Germans to *care* about their body weight and consumption practices by linking body weight to health, aesthetics and morality. Taken together, these discourses can be viewed as a general discursive network concerned with the analysis, regulation and normalisation of health, bodies and consumption. Furthermore, as will become clear, these discourses focused on the practices of weighing, counting and mathematisation.

***“One must be concerned about one’s body weight and know how much it should be”***

The above maxim was the first of Professor Haenel’s “Ten Commandments for Reasoned Nutrition”.<sup>30</sup> By the time it appeared in *Presse-Information* in 1975, East Germans were well acquainted with the idea that each of them should know how

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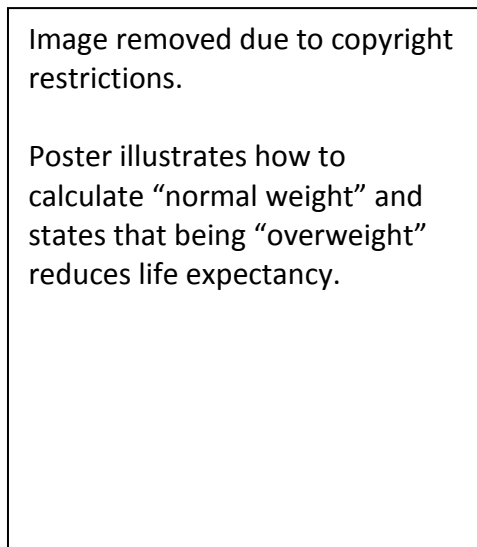
<sup>30</sup> Helmut Haenel, “Sich gesund ernähren – aber wie?”, *Presse-Informationen*, 15.12.1975. *Presse-Informationen* was produced by the GDR’s press office (*Presseamt beim Vorsitzenden des Ministerrates*). It appeared several times a week to instruct the East German press how to handle topical news items.

much they weighed and also care about it. This is because since the late 1950s the concept of “normal weight” had been central to East German health campaigns. Through posters in healthy eating exhibitions and articles in magazines and newspapers, East Germans were encouraged to calculate their “normal weight” and compare it with their actual weight. If their actual weight was above their “normal weight”, they were encouraged to take steps to lose the “extra” pounds.

An early example of an exhibition poster asking the question “Are you normal weight?” can be seen in *figure 8*. This poster was part of an exhibition entitled “Your Nutrition – Your Health”, which toured the GDR between 1960 and 1962. It illustrated, in simple fashion, how East Germans were to use the Broca-Index in order to calculate their “normal weight”. The Broca-Index, however, was not the only formula which was propagated. Throughout the period 1960 to 1990 there was conflicting advice about how to calculate “normal weight”. During these decades many articles were published which suggested that the Broca-Index was too crude to be useful. For example, in 1966 readers of an article authored by an East German doctor were told that the Broca-Index failed to take body-build into account. According to the article, the Bornhardt formula provided a more accurate way of determining “normal weight”. Readers were informed that according to this formula “normal weight” was equal to height in centimetres multiplied by chest circumference divided by 240. Furthermore, an extra 1.5kg was to be added for every decade over the age of thirty. The article ended with the *BZ am Abend* editorial team asking: “What do other doctors think of the Broca and Bornhardt formulas? Both are clearly disputed.”<sup>31</sup>

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<sup>31</sup> “Ab 30 gibt es “Zulage””, *BZ am Abend*, 17.5.1966.



**Figure 8:** Poster from touring health exhibition “Your nutrition – Your health” (1960-1962).<sup>32</sup>

To add to the confusion, “normal weight” was not the only calculation that East Germans were expected to make and strive for. There was also “optimal” or “ideal weight”. Many articles stated that the best way to calculate “optimal” or “ideal weight” was to subtract between 10 and 15% from the Broca weight. However, other articles suggested a different method. For example, another article from 1966 stated that while the Broca-Index was appropriate for calculating “normal weight”, it was inappropriate for calculating “optimal weight”. The author of this article, Professor Haenel, explained that “normal weight” represented the average weight of people of a certain height but that, because people in industrialised countries were on average too fat, this “normal weight” was higher than the “optimal weight” which was associated with the greatest life expectancy. Haenel explained that “optimal weight” was the discovery of the statistical investigations of North American life insurance companies. Readers with a “medium” body-build were told that they could calculate their “optimal weight” with the following formula:

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<sup>32</sup> Part of the DHMD Arch collection.

Optimal weight for women with medium build =  $A - 2/5 \cdot (A - 52)$

Optimal weight for men with medium build =  $A - 1/5 \cdot (A - 52)$

In this formula, “A” stood for the Broca weight (height in centimetres minus one hundred).<sup>33</sup>

Another way in which East Germans could check if their weight was “optimal” or “ideal” was to consult an “optimal weight” table. Before the mid-1970s, these tables were based on the “ideal weight” tables published by the American Metropolitan Life Insurance Company in 1959. However, in the early 1970s, Manfred Möhr, a scientist at the Central Institute for Nutrition, produced the GDR’s own “optimal weight” tables. Based on the above formula of  $A - 2/5$  [or  $1/5$ ]  $\cdot (A - 52)$ , Möhr’s calculations also took account of sex and five different body builds. His weight tables showed “optimal weight”, which was the exact figure produced by the calculation, and a “normal” weight range, which lay 10% either side of the “optimal weight”. A weight between 10 and 20% above what was “optimal” was classed as “overweight”; and anything over 20% above the “optimal” weight was classed as “obese”.<sup>34</sup> Möhr’s “optimal” and “normal weight” figures differed significantly from those published in 1959 by the Metropolitan Life Insurance Company. For example, the upper end of the “normal weight” range for men and women according to Möhr was 10% higher than the equivalent in the Metropolitan Life Insurance Company table.<sup>35</sup> From the mid-1970s simplified versions of Möhr’s tables began to appear in East German magazines and newspapers.<sup>36</sup> They were also included in the Central Institute for Nutrition’s pamphlet *Nutritional Recommendations (Ernährungsempfehlungen)* which could be bought in bookshops for two marks or obtained from the District Cabinets for Health Education.<sup>37</sup>

<sup>33</sup> H. Haenel, “Sollen Dünne mehr essen?”, *Wochenpost*, 22.1.1966.

<sup>34</sup> M. Möhr, “Optimalgewicht und Normalgewicht Erwachsener”, *Das deutsche Gesundheitswesen*, 30, 31, 1976, 1393-1397.

<sup>35</sup> DfE Arch, Kasten 168, Blatt 614-621: “Das wünschenswerte Körpergewicht” (1983).

<sup>36</sup> For example, see “Gesunde Ernährung”, *Junge Welt*, 16.2.1974; “Forschungsziel: Schlank und Gesund”, *Für Dich*, 13, 1975; “Das richtige Gewicht”, *Wochenpost*, 10.9.1976; “Die gute Figur”, *Junge Welt*, 23.8.1977

<sup>37</sup> H.-A. Ketz and M. Möhr, *Ernährungsempfehlungen*, (Berlin: Verlag Volk und Gesundheit, 3<sup>rd</sup> edition: 1986).

In an article in the East German medical journal, *Das deutsche Gesundheitswesen*, in 1976, Möhr expressed his hope that his tables would be widely adopted.<sup>38</sup> However, a document produced by him in 1983 suggests that by this time medical and health practitioners were still using a number of different indices and formulas, including the Broca-Index; “ideal weight” according to the American Metropolitan Life Insurance Company; the Quetelet formula (BMI); and the Bornhardt formula.<sup>39</sup> Furthermore, despite the existence of Möhr’s tables and these other formulas, the simplicity of the Broca-Index meant that throughout the period 1960 to 1990, it was most often propagated in the popular media as the best “*faustregel*” (rule of thumb) for calculating “normal weight” and “optimal” or “ideal” weight. An indication of the formula’s longevity in East German nutritional advice is given by the number of articles which referred to it in the final months before the fall of the Berlin Wall.<sup>40</sup>

While the main purpose of the propagation of weight tables and formulas, such as the Broca-Index, was to determine if someone was “overweight”, the concepts of “normal weight” and “optimal weight” also suggested that an “underweight” body was “abnormal” or not “optimal”. However, as will be shown in the following sections, from the 1960s “underweight” bodies were often presented as being perfectly natural and of no cause for concern. Therefore, it was the “overweight”, rather than the “underweight”, body which was the key target of the injunction “one must be concerned about one’s body weight and know how much it should be.”<sup>41</sup>

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<sup>38</sup> M. Möhr, “Optimalgewicht und Normalgewicht Erwachsener”, *Das deutsche Gesundheitswesen*, 30, 31, 1976, 1393-1397.

<sup>39</sup> DfE Arch, Kasten 327, Blatt 178-198: Manfred Möhr, “Kriterien der Adipositas”, 1983.

<sup>40</sup> See, for example, “Ist Übergewicht eine Krankheit?”, *Presse Information*, 18.7.1989; “Dick ist keine Krankheit”, *Neues Deutschland*, 29.7.1989; “Übergewicht – eine Krankheit”, *Der Morgen*, 1.8.1989; “Jedes Pfund mehr erhöht Risiko”, *National Zeitung*, 4.10.1989.

<sup>41</sup> Helmut Haenel, “Sich gesund ernähren – aber wie?”, *Presse-Informationen*, 15.12.1975.



***“Knowledge of the approximate calorie content of different food groups is a prerequisite for reasoned nutrition”***

In conjunction with being told how much they should weigh, East Germans were frequently told how and what they should consume in order to help them to weigh the “correct” number of kilograms. The nub of the message was “not too sweet, not too fat and not too much”. In keeping with Ulbricht’s commandment to be economical, East Germans were expected to develop socialist eating habits which would eschew “excess” of all kinds. Thus, a key role of the GDR’s nutritional scientists and health educators was to instruct East Germans on how to avoid consuming “excessively”. Although nutritional advice defined “excess” differently according to different types of food, East Germans were told that the key way to measure whether they were consuming “normally” or “excessively” was to count calories. As suggested by the above quotation (another of Professor Haenel’s “Ten Commandments for Reasoned Nutrition”) health propaganda asserted that East Germans should familiarise themselves with the calorie content of different types of food. It also told them how many calories they needed to consume each day in order to cover, but not exceed, their energy requirements. By instructing East Germans to become calorie-conscious, the health authorities were promoting a discourse which focused on the practices of counting and mathematisation.

A discourse about calories was not new to the East German population. During the food shortages and famine of the immediate post-war period, the term “calorie” had become part of everyday discourse, prompting the women’s magazine *Die Frau von heute* to publish an article in 1946 explaining what calories were.<sup>42</sup> According to this article, East Germans heard almost daily about the number of calories which they were being granted. When notice was given of increases in rations, the number of extra calories these increased rations would entail was made clear. Furthermore, tables were printed in magazines to show how many calories were contained in different types of food.<sup>43</sup>

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<sup>42</sup> “Wußten Sie es schon? Eine Aufklärung über Kalorien”, *Die Frau von heute*, 24, April 1946, 25.

<sup>43</sup> For example, see “Kalorien im Kochtopf”, *Die Frau von heute*, 21, November 1947, 25.

As a 1947 article makes clear, calorie counting had not been invented in the immediate post-war period. It had also been an aspect of life in pre-war Germany. The key difference between pre- and post-war calorie counting lay in the motivation behind it. Whereas it used to be driven by desires to meet fashion's demands for the slim waistline, it was now born out of empty stomachs and the consequent urgent need to ensure that one consumed sufficient calories in order to maintain one's health and ability to work.<sup>44</sup> Thus, a central aspect of pre-war dieting discourse became transformed in the immediate post-war context from being associated with efforts to lose weight to being associated with attempts to maintain weight, and, if possible, to put it on.

This reversal in the aim of calorie counting did not long outlive the period of famine. Once rationing was ended at the end of the 1950s and regular food supplies were restored, public discourses about calories once again began to focus on the need to calculate calorie consumption in order to avoid "excess" calories being consumed. Although it was not until the mid-1960s that the importance of calorie counting began to be pushed regularly in the popular press and in health propaganda, weight-loss guides published in the 1950s sought to educate readers about the effects of "excessive" calorie consumption, and urged them to adopt a low-calorie diet.<sup>45</sup>

In the 1960s, the East German media and health propaganda began to promote a discourse of calories in a number of ways. Firstly, it published calorie tables. Some of these tables listed the calorie content of key foods, such as cheese and different types of sausage.<sup>46</sup> Others outlined the number of calories which should be consumed by men and women according to the physicality of their labour.<sup>47</sup> These tables were based on the norms produced by the Central Institute for Nutrition. These norms had been officially accepted by the German Academy of the Sciences in

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<sup>44</sup> "Kalorien im Kochtopf", *Die Frau von heute*, 21, November 1947, 25.

<sup>45</sup> For example, see Dorothea Schmidt and Jutta Schicht, *Kost zur Gewichtsverminderung* (Berlin: VEB Verlag Volk und Gesundheit, 1959).

<sup>46</sup> For example, see "Was soll man über Fett wissen?", *Wochenpost*, 22.8.1969.

<sup>47</sup> For example, see "Was sollte man über das Fett wissen?", *Freiheit*, 31.1.1969.

1962.<sup>48</sup> The second way in which a discourse of calories was promoted was by reference to the metabolic process. The body's energy needs were compared to those of a machine, and calories were described as the body's fuel. "Excess" calories had to be burned off through physical labour. Such a description was provided by a health propaganda film produced in 1967, which told viewers that if they could not stop eating, then they would have to do more exercise. To illustrate this point, the narrator intoned that coffee and cake required an hour of digging; while a *Bockwurst* (boiled sausage) required an hour of sawing wood.<sup>49</sup>

Calorie tables continued to appear in the GDR's newspapers and magazines during the 1970s and 1980s.<sup>50</sup> They were also available from bookshops and the regional and district cabinets for health education. However, according to a 1987 report by the Central Institution for Nutrition these tables needed to be made even more readily available to the whole population.<sup>51</sup> As well as calorie tables, the East German women's magazine, *Für Dich*, published numerous articles which featured recipes and meal plans in which the calorie content was listed.<sup>52</sup> Posters, booklets and films produced by the German Hygiene Museum also continued to enjoin East Germans to count their calories. For example, a 1974 film entitled *Calories* shows two slim people happily eating cake. The viewer is told that both used to be "overweight" but that they now ensure they remain slim by counting their calories and not exceeding their daily requirement. The narrator then recommends that viewers should always have a calorie table to hand to ensure that they too keep within their daily calorie limit.

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<sup>48</sup> These norms included not only number of daily calories but also the recommended daily amount of fat, protein, carbohydrate, vitamins and minerals. See SAPMO-BArch, DQ1/6019: I. Räke, "Unsere in der DDR entwickelten und zur Zeit gültigen Ernährungsnormen", *Informationen für Ernährungstechniker und Kochinstruktoren*, 1, April 1962, 19-23.

<sup>49</sup> "Ist sattsein richtig ernährt?" (Deutsche Hygiene Museum Film, 1967). Other articles from the mid to late-1960s which contained calorie tables include "Schlank und rank in den Frühling", *Für Dich*, 11, March 1965, p. 36; and "Was soll man über Fett wissen?", *Wochenpost*, 22.8.1969.

<sup>50</sup> For example, see "Können wir uns noch ein Stück Torte leisten", *Für Dich*, 14, 1973, 43; "Iß Dich schlank mit Für Dich: Unsere Lebensmittel und ihr Wert", *Für Dich*, 22, 1985; "Iß Dich schlank mit Für Dich: Ihr Programm zum Schlankwerden beginnt", *Für Dich*, 24, 1985; "Iß Dich schlank mit Für Dich: Bewegung gehört dazu", *Für Dich*, 27, 1985; "Iß Dich schlank mit Für Dich: Über das schlanke Trinken", *Für Dich*, 41, 1985.

<sup>51</sup> DfE Arch, Kasten 91, "Psychologische Grundlagen des Ernährungsverhaltens und Möglichkeiten seiner Beeinflussung", Akademie der Wissenschaften der DDR Zentralinstitut für Ernährung, 1987, 137.

<sup>52</sup> Examples include "Wissenwertes für 40- bis 60Jährige: Kalorienarmer Speiseplan", *Für Dich*, 19, 1971, 44; and the series "Ich wiege zu viel", 1976.

The 1970s and 1980s also witnessed attempts to widen the scope of calorie counting discourses to include East German teenagers and children. Calorie tables outlining the number of calories required for different age groups of youngsters were sometimes included in magazine articles. For example, an article (1972) entitled “Children – Well Nourished” included a calorie table for children aged three to fifteen.<sup>53</sup> Other articles stressed the need for children and teenagers to become calorie-conscious. For example, an article (1986) entitled “Good Advice: First plump (*pummelig*), then fat (*dick*)”, stated that “bigger children and young people should be made familiar with their calorie requirement and the calorie content of foodstuffs.”<sup>54</sup> This advice was in keeping with the recommendations of an earlier report by the Central Institute of Youth Research (ZIJ) which had concluded that the education of young people regarding healthy eating needed to focus particularly on their ability to estimate the calorie content and nutritional value of foods.<sup>55</sup> However, calorie counting advice aimed at teenagers focused not only on “overweight” bodies. Beginning in the late 1970s, there was a focus on ensuring that this age-group consumed *sufficient* calories. For example, a film produced in 1978 warning teenagers, particularly girls, of the dangers of “unnecessary” dieting, stressed that their age-group should be consuming 3100 kcal per day.<sup>56</sup>

Another development in the 1970s which brought calorie-discourse into the everyday lives of East Germans was the introduction of a standardised range of calorie-reduced products.<sup>57</sup> These products bore the label “ON-Kalorienreduziert” (ON-calorie reduced) and could also be identified by their green dot. The introduction of these products to the market was the result of a resolution issued by the Council of

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<sup>53</sup> F. Birnstiel, “Kinder – gesund ernährt”, *Ostsee Zeitung*, 26.8.72.

<sup>54</sup> “Guter Rat: Erst pummelig, dann dick”, *Für Dich*, 40, 1986, 41-43.

<sup>55</sup> SAPMO-BArch DC 4/2100, Zentral Institut für Jugendforschung, “Jugend und Gesundheit: Forschungsbericht”, Mai/Juni 1974, 82 & 136-139.

<sup>56</sup> *Gesunde Ernährung im Alter von 16-20 Jahre* (1978).

<sup>57</sup> Efforts to produce low-calorie and low-fat products had begun in the 1950s. For example, a newspaper article from 1959 reveals that efforts were being made to develop a “diet sausage” which contained twenty per cent less fat than a regular sausage (“Diätwurst”, *Woche*, 25.7.1959). Over the decades there were also efforts to produce and market skimmed milk and low-fat cheese. However, the “ON” range was the first standardised range of such products, available throughout the GDR.

Ministers in March 1972. This resolution had ordered the further implementation of healthy nutrition throughout the GDR. One of its stipulations had been that the food industry developed a new range of products under the heading “*optimierter Nahrung*” (optimised nutrition), which would include reduced-calorie goods.<sup>58</sup> By 1978, there were thirty six products in the “*ON-Kalorienreduziert*” range. These included reduced-fat products, such as “*frische Rahmbutter*” which contained almost half the fat of regular butter. Sausage and fish products were also produced in calorie-reduced varieties. However, despite these developments, it must be emphasised that the range of calorie-reduced products was minimal compared to the choice on offer in western societies.

By the collapse of the GDR, therefore, the East German health authorities had, for three decades, been promoting discourses which encouraged East Germans to engage in practices of weighing, counting and mathematisation. These discourses were promoted not only through health propaganda but also through scientific and industrial developments, such as the introduction of calorie-reduced products. However, these discourses and developments formed only part of the state’s effort to regulate the health of the East German population. The following three sections explore official discourses which sought to *persuade* East Germans to adopt the state-promoted practices by linking body weight to issues of health, aesthetics and morality.

### ***Body Weight and Health***

From the early 1960s until the collapse of the GDR in 1990, the key strategy deployed by East German health authorities in their attempts to persuade East Germans to regulate their body weight and energy consumption in the ways explored above was to present the “overweight” body as “unhealthy”. In the 1960s, health propaganda aimed to make East Germans aware of the presumed link between “excess” body

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<sup>58</sup> The “ON” range included not only low calorie products but also products suitable for diabetics and babies. A colour-coding system was used to differentiate the different products: a green dot indicated a low calorie product; a red dot indicated a product suitable for diabetics; and a yellow dot indicated a product suitable for babies.

weight and certain diseases and ailments. Two examples illustrate this well. The first example can be seen in *figure 9*. It is a poster which was part of the 1960-1962 touring exhibition “Your nutrition – Your health”. The bold text reads: “Avoid excess body fat: it damages your health and lowers your life expectancy”. The message is strengthened by a list of afflictions, such as the clogging of arteries and the restricting of the circulatory system, across the image of an “overweight” man. The second example is a health propaganda film from 1965 entitled *Fettsucht* (Obesity). In this film the viewer is introduced to Paul who is shown to be “overweight” and eating “excessively”. A short walk to a bus stop tires Paul out and a voiceover tells the viewer that he has heart problems, painful joints and possibly liver problems. More ominously, the viewer is told: “Whoever lives like this will not reach old age”. Similar messages about the link between “excess” weight and diseases, such as cardiovascular disease and diabetes, were delivered in countless magazine and newspaper articles throughout the 1960s.<sup>59</sup>



**Figure 9:** Poster from touring health exhibition “Your nutrition – Your health” (1960-1962).<sup>60</sup>

<sup>59</sup> See, for example, “Gewogen und zu schwer befunden!”, *BZ am Abend*, 6.5.1966; “Die Schlanken leben länger”, *National Zeitung*, 7.12.1968; “Ein Drittel sind “verborgene” Fette”, *Neue Zeit*, 12.10.1969; “Normales Gewicht – die halbe Gesundheit”, *Neues Deutschland*, 9.7.1969; “Jeder Dritte mit Übergewicht”, *Tribüne*, 17.6.1969; “Wenn ein Herz es nicht mehr schafft”, *National Zeitung*, 22.3.1969; “Iß gesünder! Hab mehr vom Leben”, *Neues Deutschland*, 4.1.1969.

<sup>60</sup> Part of the DHMD Arch collection.

During the 1970s and 1980s, East Germans continued to be told that “overweight” bodies were “unhealthy” because of the link between “excess” weight and numerous diseases and ailments. However, although the message was essentially the same as it had been in the 1960s, the language was different. “Overweight” bodies were now described as “risks” or “risk factors”. This new language can be seen in many of the titles of newspaper articles. For example, “Overweight as Risk Factor” (“Übergewicht als Risikofaktor”, *Wochenpost*, 23.6.78); “Overweight – A Significant Risk Factor” (“Das Übergewicht – ein bedeutsamer Risikofaktor”, *Bauern-Echo*, 13.9.1980); “Cookies and Cake as Risk Factors” (“Kekse und Kuchen als Risikofaktoren”, *Berliner Zeitung*, 3.8.1985), “Each Extra Pound Raises the Risk” (“Jedes Pfund mehr erhöht Risiko”, *National Zeitung*, 5.10.1989). East Germans were told that “obesity is one of the life-shortening risk factors” (*Berliner Zeitung*, 14.9.1971); that “the more overweight, the higher the risk of nutritionally determined illnesses” (*Presse Information*, 3.9.1976), that “for all of these diseases [cardiovascular diseases, conditions of the liver, gall bladder, spine and joints, and difficulties during pregnancy and the post-partum period] being overweight is a significant risk factor” (*Bauern-Echo*, 13.9.80), that “being overweight is not in itself a disease but it is a health risk which promotes, among other things, cardiovascular diseases and diabetes” (*Berliner Zeitung*, 24.10.1987), and that “being even slightly overweight when young or middle-aged increases the risk of suffering from cardiovascular conditions” (*Volksstimme Magdeburg*, 2.9.1988). The language of risk was also applied to the issue of “excess” weight in other ways. For example, children of “overweight” parents were deemed to be a particular “risk group” (*Risikogruppe*) for becoming “overweight” (*Wochenpost*, 21.12.1979). Furthermore, puberty, the post-partum period and retirement were deemed to be “risk periods” (*Risikozeiten*) for putting on “excess” weight (*Berliner Zeitung*, 25.4.1987).

In a socialist society, whose national identity was built upon contrasting the “risky” nature of life under capitalism with the “security” of socialism, this new language of risk was particularly striking. By adopting the risk factor model of disease in the early 1970s and relaying this to the public, the health authorities were therefore conveying the idea that despite the social security provided by the state, life was “risky” and it

was up to individuals to manage the risk with the help and guidance of the paternalistic state. In this way, state propaganda was contributing to the process of increasing individualism, which characterised life in the GDR during the 1970s and 1980s.

Another development during these decades was the discussion in the media of the health impact of “excess” weight during childhood. These discussions became particularly prominent in the late 1970s in response to the resolution issued in 1976 by the National Committee for Health Education. This stated that in the period 1976 to 1980 there needed to be a focus on “the healthy development of children and young people in realisation of the Youth Law (*Jugendgesetzes*) of the GDR and the “Action plan for the promotion of youth health education” (*Maßnahmeplanes zur Förderung der Gesundheitserziehung unter der Jugend*) in connection with the sixth National Conference for Health Education, the theme of which was to be “Youth and Health 1977”.<sup>61</sup> Consequently, there was a media campaign to stress that not only was an “overweight” adult body “unhealthy”, but so too was an “overweight” child’s body. Articles such as “The fat child” (“*Das dicke Kind*”, *Für Dich*, 39, 1977) emphasised that later in life “fat children” would be threatened by conditions such as metabolic disease, diabetes, wearing of the joints and cardiovascular disease. Other articles, such as “Children who are too fat” (“*Zu dicke Kinder*”, *Neue Berliner Illustrierte*, 1, 1980), stressed the immediacy of health problems associated with “excess” weight during childhood. These immediate problems included a higher susceptibility to illness and infection, reduced *Leistungsfähigkeit*, and foot and posture problems. The idea that an “overweight” child was an “unhealthy” child was promoted with article titles such as “Our Child is Ill: Adiposity (Overweight)” (“*Unser Kind ist krank: Adipositas (Übergewichtigkeit)*”, *Für Dich*, 49, 12, 1980).

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<sup>61</sup> SAPMO-BArch DQ113/32, “Beschluß der 10. Tagung der Nationalen Komitees für Gesundheitserziehung der DDR vom 30.6.1976”. The “*Jugendgesetz*” mentioned in this quote was passed by the *Volkskammer* in January 1974. It outlined the duties of the state towards the GDR’s youth and the expectations the state had of East German youngsters. Paragraph one, clause two stated “They [the GDR’s youth] should maintain their health and productive capacities (“*Sie sollen sich gesund und leistungsfähig halten*”). The clauses of paragraph forty also stressed the theme of youth and health.



In pushing this message, the health authorities knew that they were battling against much older popular notions that “chubbiness” in childhood was a sign of health. Attempts to address this popular “misconception” had begun even before the 1976 resolution by the National Committee for Health Education. For example, a 1973 health propaganda film entitled *Are fat children healthier?* tackled this question head on. The doctor featured in the film answers definitively: “No, on the contrary. The immune system of these children is reduced. They are more prone to illness and their bodily capacities are restricted.”<sup>62</sup> The issue continued to be addressed in the East German media until the late 1980s. For example, in an article published in 1988, Professor Haenel argued that the continued existence of the idea that a “chubby child” (*molliges Kind*) was a “healthy child” was due to memories of the famine during the war and post-war period. He asserted that while this idea was valid during the years when children were threatened with TB and diarrhoea, it no longer held true in contemporary East Germany.<sup>63</sup>

The message that “overweight” children were “unhealthy” was directed not only at adults but also at children themselves. For example, in 1980, a short cartoon film addressing the topic of “overweight” children was made specifically for that age group. Entitled *Schlaraffenland* (Cockaigne), it was produced by the GDR’s film production company, DEFA, in partnership with the German Hygiene Museum. The key message of the film was encapsulated in the repeatedly stated mantra: “Healthy nutrition, plus sleep, plus exercise equals health, slimness, sportiness. Eating, plus eating, plus eating, plus sleep, plus no exercise equals unhealthy, fat, indolence.” The FDJ’s newspaper, *Junge Welt*, also played a key role in informing the GDR’s youth about the link between “excess” weight and ill health. Articles published by *Junge Welt* on this topic included, “On some causes of Obesity” (“Über einige Ursachen von Fettsucht”, 25.5.1978), “Being overweight has serious consequences” (“Übergewicht hat ernste Folgen”, 13.13.1979) and “Why are so many people overweight?” (“Warum sind so viele Leute übergewichtig?”, 26.6.1980).

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<sup>62</sup> *Sind dicke Kinder gesünder?* (German Hygiene Museum film, 1973).

<sup>63</sup> “Die Heimatlose Küche”, *Sonntag*, 14.2.1988, 7.

As a result of this ubiquitous health propaganda, East German adults and children were hard pressed to escape the message that “excess” weight was detrimental to physical health. However, not only were “overweight” bodies portrayed as physically “unhealthy”, there was also the suggestion that “excess” weight was a sign of psychological difficulties and problems. This message became particularly pronounced in the health propaganda of the 1980s. During this decade, the “psychologising” of “bad” eating habits was achieved through the propagation of the idea that scientific knowledge about nutrition was not just the domain of nutritional scientists and doctors but also of psychologists. This is starkly illustrated by an article in *Für Dich* in 1986 entitled ““Fat” can press on the soul”. This article was accompanied by an illustration of a handwritten letter supposedly written by an East German youngster, which read:

Being fat is stupid. One cannot wear fashionable clothes, and I have really suffered from being fat. I liked to eat chocolate. The psychologists said that eating is my “Hobby”.<sup>64</sup>

The idea that “bad” eating habits had psychological foundations and that psychologists needed to be involved to “correct” them was promoted by calling on psychologists to offer advice about how to eat “healthily”. For example, the article in which the above quotation appeared was based on an interview with a clinical psychologist. Similarly, the booklet which accompanied the 1987 Radio DDR series “Slim for the holidays – a radio course to lose weight” (*Schlank in den Urlaub – ein Radiokur zum Abnehmen*), was authored by Hans-Albrecht Ketz (nutritional scientist) and Hans Eichhorn (psychotherapist). This booklet stressed the psychological foundations of the eating habits which led to “excess” weight. Readers were told that these eating habits were caused by “reactions to negative everyday situations such as reprimands, criticism, insults, lack of recognition and a desire for tenderness and security.” Further, “more often than normal weight people, overweight people show an oversensitivity towards the failures which we all have to deal with in our lives.” According to the booklet, “overweight” people dealt with these failures by consuming

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<sup>64</sup> “‘Speck’ kann auf die Seele drücken”, *Für Dich*, 40, 1986, 46.

food. This led to “the subsiding of the depressive reaction, to a lifting of their mood and even to a high”. For these reasons, the reader is told, lots of “overweight” people consume food in an addictive fashion.<sup>65</sup>

This new psychologising discourse emerged largely out of health authorities’ attempts in the 1980s to recognise and understand the psychological dimension of eating behaviour. The beginnings of this interest in nutritional psychology can be seen in a report from the Central Institute for Nutrition in 1983.<sup>66</sup> This report argued that the didactic approach of relaying scientific “facts” to the public had been largely unsuccessful in changing East Germans’ eating habits. Instead what was needed was the development of a nutritional psychology which would uncover the foundations of psychological processes. This knowledge could then be used to help the health authorities steer the population’s eating habits. The report referred to the recent development of nutritional psychology in West Germany and in the Anglo-American world but criticised the discipline’s links to the advertising industry and to profit-seeking food and drink companies. The report also criticised nutritional psychology in the capitalist world for its one-sided focus on either biological or social aspects of people’s eating behaviour. In contrast to capitalist nutritional psychology, the report argued that in the GDR it would be firmly based on Marxist-Leninist understandings of human behaviour which stressed the interrelationship between individual and environment. The extent to which the GDR developed a socialist nutritional psychology is beyond the scope of this thesis.<sup>67</sup> However, it is important to note that the health authorities’ new interest in the 1980s in psychological aspects of eating behaviour led to the further stigmatisation of “overweight” individuals. No longer were they portrayed as simply “physically unhealthy”, there was now also the suggestion that they were “psychologically unhealthy” too.

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<sup>65</sup> Hans-Albrecht Ketz and Hans Eichhorn, *Schlank aber wie?* (Berlin: VEB Verlag Volk und Gesundheit, 1987), 3-4.

<sup>66</sup> DfE Arch, Kasten 68, Blatt 6: H.-A. Ketz, “Psychologische Grundlagen des Ernährungsverhalten und Möglichkeiten seiner Beeinflussung”, 20.12.1983.

<sup>67</sup> There is still much research to be done into this topic. Thoms argues that “a psychology of food hardly existed at all. There was no understanding of the fact that people did not eat rationally, and certainly not according to the principles of science. The state and scientists remained stuck in an old, ineffective mindset in their fight against obesity and diabetes.” See Thoms, “Separated, but Sharing a Health Problem”.

So far, this section has focused on the propagated link between “health” and the “overweight” body. However, it is important to consider also the connections made in official health propaganda between “underweight” bodies and “health”. In the immediate post-war period, as famine had swept across Germany, “underweight” bodies had had a significant presence in public health discourse. Concern about “underweight” bodies had persisted into the late 1950s. This is shown by the inclusion in a 1950s touring health exhibition of a poster advising East Germans on how to put on weight.<sup>68</sup> However, from the 1960s, for reasons already discussed, health propaganda largely ignored “underweight” bodies. Instead, it focused on making the “fat” body thinner. There were only occasional references to “underweight” bodies and when references were made to them, they were often portrayed as unproblematic and “healthy”. This is clearly illustrated by excerpts from two articles which appeared in East German newspapers. The first, entitled “Thin people (*Dünnen*) also have worries: advice for correct nutrition for those who are underweight (*Untergewichtige*)”, appeared in 1969:

A slim person, who maintains the same body weight for years, whose diet meets the requirements of wholesome nutrition, and who above all else feels well and *leistungsfähig*, can be considered to be well. Life expectancy is known to be higher and the frequency of illness is lower than is the case with overweight people.<sup>69</sup>

The second article, containing the same message, appeared in 1982:

If someone is very slim, even extremely slim, but feels well and remains *leistungsfähig*, and also does not suffer from any particular illness, then there is no cause for concern. Here there is a constitutional, natural (*angeborene*) slimness which is frequently found in some families. Such “underweight” is unproblematic, it is

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<sup>68</sup> Between 1956 and 1959 an exhibition entitled “Wellness is becoming! An exhibition about healthy nutrition” toured the GDR. One poster in this exhibition gave advice on how to become fatter. It told viewers to eat high-calorie, high-fat meals; avoid sour dishes and unripe fruit; stop smoking; eat plenty of food; take plenty of time to eat and sleep after eating.

<sup>69</sup> Ilse Beck, “Auch die Dünnen haben Sorgen: Ratschläge zur richtigen Ernährung für Untergewichtige”, *Bauern-Echo*, 6.9.1969.

not associated with health disadvantages. It is not at all comparable with the negative health consequences of being “overweight”.<sup>70</sup>

Comments such as these helped to construct a hierarchy of body types through the normalising discourse of health. Whereas “overweight” bodies were portrayed, without exception, as being “unhealthy” and, as we shall see, as almost always the result of “incorrect” eating behaviour, “underweight” bodies were often portrayed as “healthy” and “natural”. However, it is important to note that “underweight” bodies were not always portrayed as unproblematic. During the 1970s and 1980s, references to “underweight” bodies did increasingly take a critical standpoint. As will be explored in more detail in the next chapter, during these decades East Germans were told that it was becoming common for girls to reduce their food intake to such an extent that they became “underweight”. This behaviour, and the resultant “underweight” body, was deemed to be just as mistaken and “unhealthy” as the practice of becoming “overweight” through the consumption of too many calories. Nevertheless, it must be recognised that the propagation of this message was far less intense than the propagation of the message that the “overweight” body was “unhealthy”.

### ***Body Weight and Aesthetics***

“Overweight” bodies were not only portrayed as “unhealthy”, they were also portrayed as “unaesthetic”, “unfashionable” and “unattractive”. Despite attempts by SED functionaries in the 1950s to create socialist fashion ideals which “glorified ‘timeless’ proletarian and rural forms, such as ‘good, solid’ overalls, aprons and dirndls, worn by stocky women performing hard manual labour”, the dominant beauty ideal in the GDR remained fixated on the slender body.<sup>71</sup> The incompatibility of “excess” weight with contemporary beauty ideals was recognised at the conference “Nutrition and Health” in December 1959:

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<sup>70</sup> “Auch Appetit muß sein”, *Wochenpost*, 11, 12.3.1982.

<sup>71</sup> Judd Stitzel, “On the Seam between Socialism and Capitalism: East German Fashion Shows”, in David Crew (ed.), *Consuming Germany in the Cold War* (Oxford and New York, Berg, 2003), 51-85.

Body forms resulting from excessive fat deposits in no way fit with our contemporary beauty ideal. However, obesity is not only unattractive, it contributes to numerous illnesses.<sup>72</sup>

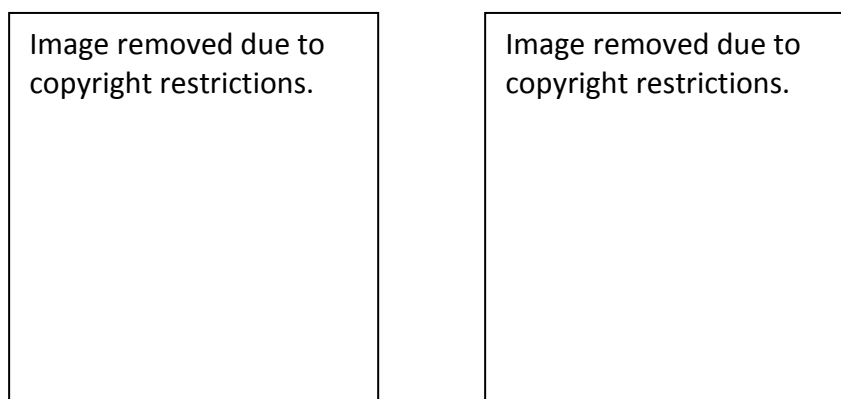
In the decades following this conference, the East German health authorities used the already-existing notion that the “overweight” body was “unattractive” in their attempts to persuade East Germans to regulate their body weight so that it would conform to contemporary definitions of “optimal”, or at least “normal”, weight. By pursuing this strategy, the health authorities played a part in the perpetuation of a beauty ideal which, as in the West, glorified the slender body and stigmatised the “overweight” body.

A common way in which health propaganda suggested that the “overweight” body was unattractive was by insinuating that “overweight” people would struggle to find love. Interestingly, while the slender body ideal was traditionally associated particularly with the female body, much of this health propaganda focused on the “overweight” male body. Three examples serve to illustrate this point. First, there is the health propaganda film *Obesity* (1965). This tells the story of Karin and Paul. In the first scene the viewer meets Karin looking at a picture of slim, athletic Paul whom she is about to meet for a date (see *figure 10*). In the next scene, a horrified Karin realises that this former “chick-magnet” (*Schwarm der Damen*) has become an “overweight”, “gluttonous” man (see *figure 10*). The viewer is then told that Karin’s love for Paul had disappeared but she decides to take control of his life by radically changing his diet and lifestyle: fish instead of meat; juice instead of beer; plenty of exercise. Paul is shown dancing, and as he dances he becomes thinner. In the final frame, the viewer sees a slim Paul and Karin, happily in love, dancing together. The message is clear: had Paul not changed his lifestyle and lost the weight, Karin would not have fallen in love with him. The second example conveys a very similar message. As shown in *figure 11* this is an illustration which appeared in a 1966 edition of the newspaper, *Tribüne*. It shows an “overweight” man ruefully gazing at two slim women. After discovering how much he weighs, the man reduces his food intake and,

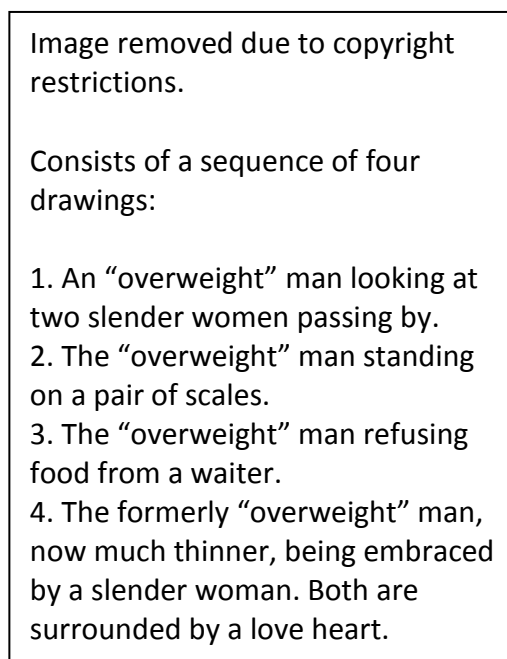
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<sup>72</sup> SAPMO-BArch, DQ1/22303 – Ernährung und Lebensweise – Vorträge und Tagungen, 1957-1963. Ernährung und Gesundheit. 18 Dezember 1959.

after he has lost his “excess” pounds, finds love. The article, which this illustration accompanied, was entitled “Fat and Round is not Healthy” (“*Dick und Rund nicht gesund*”). The juxtaposition of this title with the illustration focuses the reader’s mind on two of the key aspects of health propaganda concerning body weight: health and aesthetics. Finally, the third example is the front cover illustration of a 1972 weight-loss guide (see *figure 12*). This shows an “overweight” man wistfully looking at a happy, slim couple strolling past. Again, the message is clear: “excess” weight is an obstacle to finding love and happiness.



**Figure 10:** Paul from the film *Obesity* (1965)<sup>73</sup>



**Figure 11:** “*Dick und Rund nicht Gesund*”, *Tribüne*, 1966

<sup>73</sup> Part of the DHMD Arch collection.




Image removed due to  
copyright restrictions.

**Figure 12:** *Life's better when you're slim (1972)*<sup>74</sup>

Despite these examples of the “overweight” male body being deemed “unattractive”, there remained a strong cultural link between female beauty and the slender body. This was made abundantly clear in weight-loss guides targeted specifically at women. For example, in the introduction to a 1961 weight-loss guide the reader is told that the advice in this booklet provides the woman who is serious about her beauty and health with practical and effective tips on how to regulate weight through diet.<sup>75</sup> Similarly, a 1964 booklet entitled *Cosmetics for the Working Woman (Kosmetik der berufstätigen Frau)*, which advised women on how to lose weight through diet and exercise, explained that a healthy lifestyle provided the best foundation to maintain a woman’s feminine charms. These charms were centred on her appearance, central to which was a slim figure. Another 1960s publication declared that “our layers of fat take away our young, fresh look and destroy women’s lovely appearance.”<sup>76</sup> Advice which stressed the particular need of women to diet in order to maintain or regain a slender body continued into the 1970s. For example, an article in March 1971 made the following statement:

At the II Women’s Congress a portrait of the woman of the 1970s was drawn. She is smart, widely educated, self-confident, multi-dimensional, active and charming. But how must such a woman

<sup>74</sup> Part of the DHMD Arch collection.

<sup>75</sup> Lisa Mrose, *Schlank durch richtige Ernährung: Eine Schlankheitskost auf laktovegetabilischer Ernährungsbasis* (Berlin: VEB Verlag Volk und Gesundheit, 1961), 3.

<sup>76</sup> Eugen Baunach, *Das Geheimnis der schlanken Linie: Vom Wesen der Fettsucht Wege zu ihre Überwindung* (Berlin: VEB Verlag Volk und Gesundheit, 1967), 37.



look? Certainly not heavy (*schwergewichtig*), rather more slim, well-proportioned, graceful and elastic; a woman who, regardless of age, controls her body and her movements, who lets her personality show on the outside.<sup>77</sup>

Just as with the messages about health, these messages about attractiveness focused on the consequences an “overweight” body would have for the individual. However, with the messages about health, the concept of *Volksgesundheit* made clear how appeals to individual health fitted in with socialist ideology, which emphasised the collective over the individual. What then of appeals to individual attractiveness? Were they not anathema to the collectivist ideology of socialism? On the face of it, one would think so. However, an article from 1970 reveals that attempts were made to link the aesthetics of the slender body to the development of the all-important socialist personality. This article, which was based on an interview with Professor Kurt Winter, rector of the German Academy for Advanced Medical Training and director of the Hygiene Institute at the Humboldt University, contains the following exchange:

**N[eues]D[eu]tschland:** Being overweight (*das Übergewicht*) does not just have negative effects on health. It does not just lead to cardiovascular diseases, rather it is also unaesthetic. A socialist personality distinguishes itself, in a way which should also be outwardly recognisable. Figuratively speaking, we should cut a good figure (*eine gute Figur angeben*).

**Professor Winter:** That is very important. One really should ensure that a beauty ideal in accordance with socialism is generally asserted. Even a woman over forty years old can and should be beautiful (*schön*). In the first place, this involves spiritual charm but also requires her to cut a good figure. It lies in her hands. And that also applies to men.<sup>78</sup>

Such an explicit reference to the purported link between the aesthetic value of a body which is not “overweight” and the duties of good socialists does not appear to have been common in the East German media. However, there were other occasional references to the social importance, for aesthetic reasons, of maintaining a “good figure”. For example, the 1987 booklet *Slim but how?* contained this vitriolic

<sup>77</sup> “Besser gesund und schlank als wohlbeleibt und krank”, *Für Dich*, 12, March 1971, 40-41.

<sup>78</sup> “Leben Sie eigentlich gesund?”, *Neues Deutschland*, 4.7.1970.

comment: “it is grotesque how unaware overweight people are of their appearance, of their form and of their effect on other people.”<sup>79</sup>

Rather than stress the social importance of being “aesthetically pleasing”, it was far more common for magazine and newspaper articles simply to make reference to the fact that “excess” weight was not only a threat to health but also a “cosmetic flaw” (*Schönheitsfehler*), “cosmetic problem” (*kosmetisches Problem*) or “aesthetic problem” (*ästhetisches Problem*). For example, an article published in *Für Dich* in 1971 made the following statement:

Being overweight (*Übergewicht*) does not just have a negative effect on health but also on our appearance. Let’s be honest: excess pounds are unaesthetic, offend the eyes. When we see a well-covered person, we silently imagine how good he would look without the layer of fat. That applies to men as much as for women.<sup>80</sup>

Some health films and articles in the 1970s, tried to help East Germans visualise the extent of this “aesthetic problem” by telling them that “84,500 t[onnes] of excess fat are sitting around”.<sup>81</sup> By 1980, East Germans were being told that this figure had risen to 100,000 tonnes of “excess” body fat, which, if it needed to be transported, would require around one hundred freight trains!<sup>82</sup> Clearly, these statistics were intended to invite disgust about body fat.

Despite the promotion of the idea that “excess” weight was “unattractive”, threats of illness and promises of “health” constituted the key strategy in official attempts to persuade East Germans to regulate their body weight. References to aesthetics complemented the central message concerned with health. A report from the Central Institute of Youth Research in 1974 recommended that this two-pronged strategy

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<sup>79</sup> Hans-Albrecht Ketz and Hans Eichhorn, *Schlank aber wie?* (Berlin: VEB Verlag Volk und Gesundheit, 1987), 4. Part of the DHMD Arch collection.

<sup>80</sup> Dr. Ursula Winnigton, “Besser gesund und schlank als wohlbeleibt und krank”, *Für Dich*, 12, March 1971, 40-41.

<sup>81</sup> “84500t Fett sitzen überflüssig herum”, *Junge Welt*, 24.3.72. The health propaganda film *Gewicht* (1974) stated that 84,000 tonnes of excess body fat existed in the GDR.

<sup>82</sup> “Wundermittel aus der Kartoffel”, *Neue Berliner Illustrierte*, 47, 1980.

should also be used in propaganda aimed at the GDR's youth. The report's section "Motives for Striving for Normal Weight" stated that:

Overall one can conclude that the argumentation for striving for normal weight can effectively be built on the motive of health (in conjunction with *Leistungsfähigkeit*). This argumentation can be effectively supported with reference to appearance (*das Aussehen*) and clothing (*die Kleidung*).<sup>83</sup>

Articles in *Junge Welt* which made reference to the aesthetic aspect of "excess" weight suggest that this recommendation was adopted.<sup>84</sup>

References to appearance continued to play a supporting role to the main argument of health throughout the 1980s. However, a 1988 report from the working group on nutrition, a sub-committee of the National Committee for Health Education, asserted that arguments about appearance should be given priority over those about health:

A new quality is required in the work of education and upbringing: operating with reason and emotion (primary argumentation with personal attractiveness, sportiness, beauty, nice teeth etc, secondarily with health and long life).<sup>85</sup>

This recommendation echoed the findings of the British Health Education Council which had reported a decade earlier that the most effective way to promote a healthy lifestyle was to stress the cosmetic benefits of fitness and healthy eating.<sup>86</sup> The East German working group's suggestion that a similar change should be made in the GDR suggests that not only was there a belief among some members of the

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<sup>83</sup> SAPMO-BArch, DC4/2100, Zentral Institut für Jugendforschung, "Jugend und Gesundheit: Forschungsbericht", May/June 1974, 151.

<sup>84</sup> See, for example, "Fettsucht – ein krank machendes Übel", *Junge Welt*, 13.9.1974, which stated that "obesity is not only an aesthetic but most importantly an illness-producing malady"; and "Übergewicht hat ernste Folgen", *Junge Welt*, 13.12.1979, which similarly reminded readers that obesity was not only a "cosmetic problem" but was also linked to illnesses and a reduction in life expectancy.

<sup>85</sup> SAPMO-BArch, DQ113 – Nationales Komitee für Gesundheitserziehung der DDR Arbeitsgruppe "Ernährung". "Entwurf der Thesen zur außerordentlichen Vollversammlung des Nationalen Komitees für Gesundheitserziehung der DDR zum Thema 'Ernährung'", 27 October 1988.

<sup>86</sup> Mike Featherstone, "The Body in Consumer Culture", *Theory, Culture and Society*, 1, 18, 1982, 18-33.

National Committee for Health Education that the strategy of focusing primarily on the link between body weight and health had been ineffective but also that the GDR was participating in wider cultural trends in which the outward appearance of the body was viewed as an increasingly important determinant of individuals' behaviour and consumer choices. This could be viewed as a marker of the process of increasing individualism which, by the 1980s, was visible in many areas of life in the GDR.

### ***Body weight and morality***

Alongside arguments which focused on health and aesthetics, another key strategy which was used by East German health authorities in their attempts to regulate their citizens' consumption habits and body weight was the construction and propagation of a moral dimension to these issues. Socialist morality, as defined by the SED, demanded a commitment to the collective. This meant that East Germans were expected to act in such a way which would benefit not only themselves but the whole of society. Such an expectation demanded personal qualities such as self-discipline and a strong sense of responsibility. As outlined above, socialist morality also demanded that East Germans embody their commitment to the collective through the maintenance of "healthy", "productive" bodies. Although the state was to play an important role in enabling its citizens to do this, from the late 1950s there was an increasing emphasis on the personal responsibility of each individual to make reasoned lifestyle choices in accordance with socialist scientific knowledge-claims and also to display self-discipline. The importance of doing this was highlighted by the following statement made by Walter Ulbricht, First Secretary of the SED, at the sixth Party Congress in 1963:

According to scientific findings one should not eat too much butter because it causes arteriosclerosis. That is the reason why I do not eat so much, because I do not only want to outlive the Adenauer government, rather I want to outlive other governments in West Germany too!<sup>87</sup>

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<sup>87</sup> Cited in Madarász, "Perceptions of Health".

By making this statement Ulbricht was claiming to model the behaviour he expected of his fellow-citizens: adherence to the nutritional advice which was presented to them in health exhibitions and the media. In this way, the statement clearly shows the politicisation of scientific knowledge-claims and individual nutritional choices.

In this context, the notion of personal responsibility became a particularly prominent feature of official discourses about body weight and consumption. An early example of a piece of health propaganda informing East Germans of their personal responsibility for their body weight and consumption can be seen in *figure 13*. This is a poster from the 1960-1962 touring exhibition “Your nutrition – Your Health”. The text on the poster reads: “Being too full up makes you lethargic. Like this or this? It’s up to you!” This text, in conjunction with the depiction of an “overweight” couple with their heads bowed, implies that being “overweight” reduces efficiency and productivity. This point is driven home by contrasting the “overweight” man and woman with the slim couple who, with their heads raised, seem to be marching purposely forward (presumably into a bright socialist future). In this way, the poster constructs a moral dimension to body weight by forging a link between individual consumption, body weight and productivity. However, even more importantly, it makes clear that each individual is responsible for his or her consumption choices: “It’s up to you!”

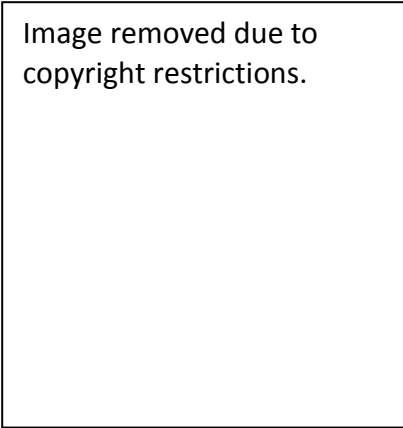


Image removed due to  
copyright restrictions.

**Figure 13:** Poster from touring health exhibition “Your nutrition – Your health” (1960-1962)<sup>88</sup>

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<sup>88</sup> Part of the DHMD Arch collection.

Another way in which personal responsibility for body weight was stressed was in the frequent attempts to dispel the popular notion that “excess” weight was caused either by a hereditary or glandular condition or some other physical illness. For example, in 1966 East German readers of the article “Fat and Round Is Not Healthy” (“*Dick und rund nicht gesund*”, *Tribüne*, 19.7.1966) were told that “a glandular condition or other organic illnesses are the causes of obesity in only extremely rare cases.” This message continued to be relayed to the public throughout the 1970s and 1980s. For example, in an article entitled “Is obesity also inheritable?” (*Bauern-Echo*, 10.1.1978), East Germans were told that “95% of all fat people (*Dicken*) suffer neither from a hereditary nor a glandular condition.” The figure of 95% was repeated in an article in *Für Dich* in 1986:

Overweight people often claim that they eat less than others and still become fat. They claim that they are ill. Investigations have revealed that a maximum of 5% of people are overweight because basic bodily processes are not functioning properly. With the remaining 95% it is clearly incorrect eating habits which lead to being overweight.<sup>89</sup>

One of the most commonly cited “incorrect eating habits” was the habit of eating “too much” and “too many calories”. According to one article, estimates suggested that “85% of those who are overweight constantly eat too much”.<sup>90</sup>

Attempts to dispel the popular notion that “overweight” people were victims of their bodies led to the promotion of the idea that these people lacked the highly valued qualities of self-discipline and self-control. Images such as those shown in *figures 14, 15, 16 and 17* suggested that “overweight” people were gluttons or pigs. Furthermore, if one looks carefully at the types of food depicted in *figures 14 and 15*, one sees fine cakes, meat, lobster and exotic fruits. These foods can be viewed as symbolic of older, pre-socialist notions of “good eating”. Therefore, the “overweight” individuals in these posters are presented as “unsocialist” not only because of the amount they have consumed but because of what they have gorged on.

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<sup>89</sup> “Guter Rat: Erst pummelig, dann dick”, *Für Dich*, 40, 1986, 41-43.

<sup>90</sup> “Iß gesünder! Hab mehr vom Leben”, *Neues Deutschland*, 4.1.1969.

Image removed due to copyright restrictions.

A drawing of an “overweight” man holding a large knife and fork. His big, round stomach is a plate of sausage, ham, cake and chocolates.

**Figure 14:** “Exquisite but dangerous”, German Hygiene Museum poster, 1965.<sup>91</sup>

Image removed due to copyright restrictions.

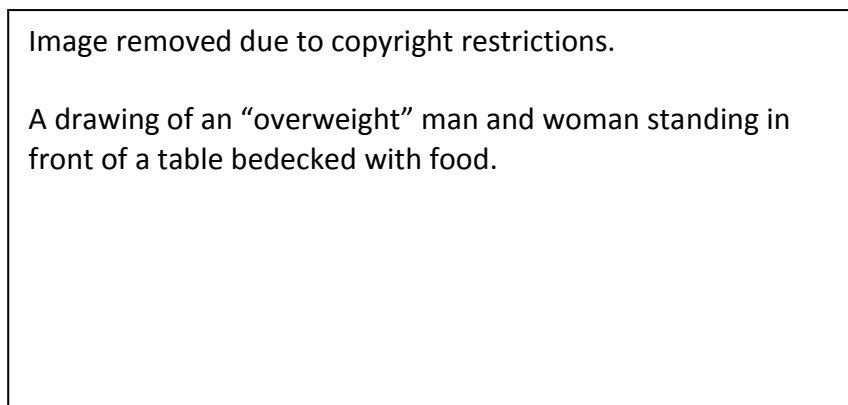
A drawing of an “overweight” man sitting at a dining table. Within his stomach can be seen lobsters, fish, roasted chickens and tropical fruits, such as pineapple and banana.

**Figure 15:** Für Dich, 1975.<sup>92</sup>

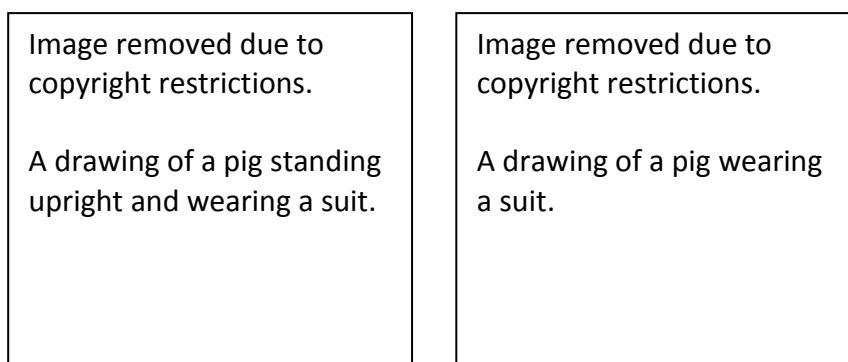
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<sup>91</sup> Part of the DHMD Arch collection.

<sup>92</sup> This illustration also appeared in *Das Magazin*, January 1967, 46.



**Figure 16:** A cartoon which appeared in *Neues Deutschland* on 15 August 1970. The text reads: “All year we hardly eat anything but at Christmas we really indulge ourselves!”



**Figure 17:** Illustrations from an educational booklet about nutrition and health (undated but appears to be from the 1980s).<sup>93</sup>

By portraying “overweight” people as gluttons who lacked self-discipline and self-control, consumption habits and body weight seem to have been promoted in official discourses as indicators of character. In some health propaganda, this message was delivered unambiguously. For example, under the sub-heading “Eating habits = a matter of character”, an article from 1969 stated that obesity is “the result of a lack of self-discipline and self-control.”<sup>94</sup> Although not all references to the link between “self-discipline” and a “healthy”, “normal weight” body referred so explicitly to the

<sup>93</sup> Manfred Möhr, *Ernährung und Gesundheit: Was jeder von der Ernährung wissen sollte*, (Warenzeichenverband für Diätetische Erzeugnisse Berlin in Zusammenarbeit mit der Zentralstelle für Werbung und Messen des Ministeriums für Bezirkgeleitete Industrie und Lebensmittelindustrie, undated), 3 & 8. Part of the DHMD collection held by the SächsHStA.

<sup>94</sup> “Iß gesünder! Hab mehr vom Leben”, *Neues Deutschland*, 4.1.1969.



notion of “character”, the frequent use of the terms “self-discipline”, “self-control” and “iron will” in health propaganda are certainly suggestive of this link.

One could easily get the impression reading this propaganda that “overweight” people had innate character “flaws” which led them to “overeate”. Giving this impression was not usually, however, the intention of the health authorities. The socialist model for understanding human behaviour was based on the premise of material dialectics. According to this model, human behaviour was not determined by an innate, immutable character but by the interaction of an individual with her environment. Furthermore, human behaviour was viewed as largely learned, rather than innate. As was made clear by an article published in 1981, this model was also applied to official views of eating behaviour:

Human behaviour can never be explained solely with reference to personality structure, rather always with reference to the interaction between personality and environment. For this reason, being overweight has nothing to do with the character of a person...In nearly all cases it is not weakness of character which leads to continuous excessive eating, rather it is learned eating habits which lead to this.<sup>95</sup>

In keeping with this model of human behaviour, the central message of healthy-eating propaganda from the late 1950s to the collapse of the GDR in 1990 was that by employing “self-discipline” and “self-control” East Germans could unlearn “unhealthy” eating habits and learn “healthy” ones, thereby ensuring a “healthy”, “productive”, “normal weight” body.

The emphasis on learned eating habits led to a particular focus on families. Although health propaganda stressed the important role played by communal eating facilities in providing the population with nutritious meals, it also emphasised the moral duty of parents, particularly mothers, to ensure that their children ate “healthily” and maintained a “healthy” body weight. This message appeared in health propaganda from the late 1950s but assumed particular importance from the mid-1970s as health

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<sup>95</sup> “Gewogen und zu schwer befunden”, *Wochenpost*, 20.3.1981.

authorities increasingly focused on the issue of “youth and health”. A good example of the propagation of this message is provided by the health propaganda film “Fat Children” (“*Dicke Kinder*”, 1975). After outlining the problems faced by “fat children”, the film asks where the blame for their predicament lies. The answer provided by the film is that blame does not lie with the canteens of the GDR’s schools and kindergartens, which do everything to follow the healthy guidelines set out by the Central Institute for Nutrition. Rather, fault lies with the parents. The film points out that “nobody is born a greedy-guts (*Vielfraß*)”. Instead, the children’s suffering is born out of the bad eating habits of the parents, which have led to a dependency on food comparable to an addiction such as alcoholism. The suggestion here is that just as alcoholism is considered to be “abnormal” and “deviant”, so is “excessive” eating. The strategy of instilling parents with a sense of responsibility, blame and guilt reaches its zenith at the end of the film when, panning in on a stone cherub, the narrator intones, “He has no parents. He cannot reproach them for shortening his life expectancy through poor diet”. Although this film spoke explicitly of parental responsibility and suggested that both mothers and fathers were to blame for the existence of “overweight” children, other pieces were directed specifically at the mother. For example, the article “The fat child” (“*Das dicke Kind*”, *Für Dich*, 39, 1977) stated that the sufferings of the “overweight” fifteen year-old Juliane, the girl featured in the article, were partly the result of the “nutritional sins of her mother during pregnancy.”

Parents were thus held morally accountable for the eating habits and body weight of their children. However, children themselves did not escape moral accountability. The idea that children should take responsibility for their own body weight is the central message of the health propaganda film, *Cockaigne (Schlaraffenland)*, 1980). This film, aimed specifically at children, contrasts the activities of a group of “healthy”, “slim” children with those of a group of “unhealthy”, “overweight” children. What is particularly interesting about this film is the moral messages it contains. Throughout the film, the “overweight” children are referred to as “the chubbies” (*die Mollis*). Even *Kundi*, the figure of authority in the film, uses this word

to describe them.<sup>96</sup> The idea that it is acceptable to define someone by their “excess” body weight and to make degrading comments about it is furthered when one of the “slim” children tells an “overweight” counterpart that he has “pudding muscles” (*Puddingmusklen*). In this way, the film appears to be endorsing the teasing of children who are deemed by their peers to be “overweight”. That such teasing was commonplace in the GDR is suggested by the number of magazine and newspaper articles which cite “*Spott*” (mockery) and “*Hänselei*” (teasing) as disadvantages faced by “overweight” children.<sup>97</sup> These articles do not condemn such teasing, rather they suggest that it is just another reason for ensuring that children do not become “overweight”. Another significant aspect of the film, *Schlaraffenland*, is that the viewer is constantly invited to be on the side of the “slim” children. This is achieved in several ways. First, while the “slim” children are portrayed as disciplined and full of energy, the “overweight” children are portrayed as greedy and lazy. While the former go off to train for the upcoming sports events, the latter go to the patisserie and gorge on cake and ice-cream. Second, the sportman-like behaviour of the “slim” children is contrasted with the deviousness of the “overweight” children. After the tug-of-war event, which the “slim” children have inevitably won, they offer to help the “overweight” children back on to their feet. This stands in stark contrast to the “overweight” children’s attempt to sabotage their “slim” competitors’ chance of winning the pole-climbing event by smearing their pole with grease. Thus, as with so much of the health propaganda, this film seems to be equating body weight with moral character.

A final important aspect of the moral dimension of consumption and body weight, as constructed by official health propaganda, was the idea that “excessive” consumption and “excess” body weight were socially irresponsible. East Germans

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<sup>96</sup> Kundi was a cartoon figure, similar to the much-loved *Sandmännchen* (Sandman), who appeared in a series of German Hygiene Museum films aimed at children. See Uta Schwarz, ““Der Schmutzfink” und “Großalarm bei Kundi”: Film und Gesundheitsaufklärung nach 1945”, in Susanne Roeßiger and Heidrun Merk (eds), *Hauptsache gesund! Gesundheitsaufklärung zwischen Disziplinierung und Emanzipation* (Marburg: Jonas Verlag, 1998), 154-168.

<sup>97</sup> For example, see, “Das dicke Kind”, *Für Dich*, 39, 1977; “Niedliches Pummelchen”, *Wochenpost*, 21.12.1979; “Schwergewichtige haben es oft schwer”, *Neue Zeit*, 28.2.1980; “Unser Kind ist Krank: Adipositas (Übergewichtigkeit)”, *Für Dich*, 49, 1980; “Hilfe für “kleine Dicke””, *Bauern-Echo*, 9.5.1987; “Was Hänchen gern ißt, wird auch Hans gut munden”, *Bauern-Echo*, 17.6.1987.

were repeatedly told of the cost of “obesity” to the state. This cost came in many forms. Not only did “excessive” consumption constitute a waste of foodstuffs (*Nahrungsmittel*) but the resultant illnesses lowered national productivity through absenteeism and cost the state money in the form of social insurance payments. Exactly how much this all cost the state varied in different pieces of propaganda. For example, the health film entitled “Is being full up a sign of correct nutrition?” (*Ist sattsein richtig ernährt?*, 1967) told East Germans that almost half of the social insurance payments made each year was used to treat conditions which were directly or indirectly the result of “incorrect nutrition”. Elsewhere East Germans were told that the total annual cost was four hundred million marks (*Die Wirtschaft*, 17.2.1971), six hundred million marks (*Forum*, 4, 1973), around two to three billion marks (*Berliner Zeitung*, 25.11.1973), 1.4 billion marks (*Junge Welt*, 16.2.1974) and 2 billion marks (*Bauern-Echo*, 13.9.1980). Whatever the true figure, the message was clear: being “overweight” was not only a private problem, it was a social one. East Germans who allowed themselves to become “overweight” were failing in their socialist duty to maintain a “healthy” body and thereby contribute to the *Volksgesundheit*. In short, they were failing to live up to socialist morality which demanded that they act in the interests of the collective.

#### **IV. Conclusion**

Although this chapter has focused on the construction and propagation of official discourses about health, bodies and consumption, rather than on their reception, it is important to note that these discourses were not simply accepted or ignored by the East German population. Rather they were part of a discursive network in which discourses not only influenced East Germans’ everyday perceptions and experiences but were actively negotiated by individual GDR citizens. This is perhaps best illustrated by two letters which were published in the *Berliner Zeitung*. The first was published in 1971:

Our reader Frau J. complains that people who suffer from obesity are portrayed as gluttons (*Fresser*) who preoccupy themselves all

day with stuffing themselves with lots of food which is as high in calories as possible. She continues: “I myself belong to the obese, although I’m on my feet from early in the morning until late at night, have to look after a large household, work full time and have just completed a three-year women’s special study course (*Frauensonderstudium*).” Frau J. also points out that one should not always reproach obese people for their girth: “no-one should believe that being fat is a pleasure for us fatties (*Dicke*).”

The second letter, written by Jutta N. from Berlin, appeared in the *Berliner Zeitung* in 1987:

Recently, two words have been spiriting through the press: “Get thinner!” Now, I have nothing against a good and thereby healthy figure. However, I do have something against the fact that suddenly we fatties (*Dickerchen*) are being so demonised. One is reluctant to completely finish one’s plate in a restaurant. If one heartily tucks into one’s breakfast for everyone to see, then there are covert smirks...I had really changed my eating habits, exactly as instructed – but I simply cannot bear this life-long stress. My husband feels exactly the same and we no longer accept why we should continue to chastise ourselves in this way. An extra few pounds and thereby also a happy, even-tempered person – is that not worth more than being someone who is starving and concerned about her figure?<sup>98</sup>

The authors of both of these letters link the negative portrayal of “overweight” people in the East German media to their own negative experiences of being “overweight”. Jutta N. also reveals her adoption and subsequent rejection of the “healthy” consumption practices propagated in East German health propaganda. Although these two letters are not necessarily indicative of general experiences of being an “overweight” East German, they do highlight the importance of official health discourses in the construction of personal experience and the way in which individual East Germans negotiated these discourses.

As this chapter has shown, the official health discourses, to which Frau J. and Jutta N. referred, formed a discursive context in which East Germans were encouraged to monitor their consumption and body weight through engaging in practices of

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<sup>98</sup> “Kampagne gegen die Dicken?”, *Berliner Zeitung*, 10/11.10.1987, 11.

weighing, counting and mathematisation. In order to persuade them to engage in these practices, the notions of “normal weight” and “optimal” or “ideal weight” were propagated. Simultaneously, the “overweight” body was stigmatised as “unhealthy” and “unattractive”, and the “overweight” individual was stigmatised as “immoral”. Although, as will become clearer in the next chapter, these discourses were not the only ones which influenced East Germans’ perceptions and experiences of health, bodies and consumption, they were nevertheless a significant feature of the East German media-scape, particularly in the 1970s and 1980s. Indeed, the volume of health propaganda in the media led Professor Haenel to state in an interview in 1988 that he had feared that it would soon get on East Germans’ nerves.<sup>99</sup> Whether or not it did so, and whether or not they believed all of it or acted on any of it, it certainly provided East Germans with possible ways for thinking about issues of health, bodies and consumption, as well as possible ways of behaving in relation to these issues.

In light of this chapter’s analysis of the production and dissemination of health propaganda focusing on body weight and body fat, it seems plausible to argue that, despite the absence of capitalist industries with vested interests in creating a cultural environment in which people monitor and discipline their own bodies, there did exist “a general discursive network concerned with analysis, regulation and normalisation”, which venerated the “slender” body and stigmatised the “overweight” body.<sup>100</sup> Thus, it is reasonable to assert that the argument that anorexia nervosa is a “discursive event” within such a network does have purchase in the East German context. However, whereas in the West discourses of weighing, counting and mathematisation were promoted by state authorities *and* by profit-seeking industries, in the GDR it was the state which was the primary promoter of such discourses. Nevertheless, as will be explored in greater detail in the next chapter, East Germans’ adoption of practices intended to control body weight were not influenced by state-sponsored discourses alone.

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<sup>99</sup> “Die Heimatlose Küche”, *Sonntag*, 14.2.1988, 7.

<sup>100</sup> Bray and Colebrook, “Haunted Flesh”, 63.

## Chapter 4

### Discourses and Cultures of Dieting

Many studies have linked the rise of anorexia nervosa in the West since the 1960s with the pervasiveness of dieting in capitalist societies. It is argued that dieting culture is fuelled in these societies largely by the mass-market weight-control industry, which includes innumerable weight-loss plans and groups, such as *Weight Watchers*, as well as dieting books and foods. Weight-loss techniques are also propagated by the mass media, particularly in women's magazines, and are often endorsed by celebrities. Within this context, girls and women, especially, become pre-occupied with the size and shape of their bodies, and it becomes common for them to talk with friends and colleagues about weight and to swap tips about dieting techniques. Some scholars, such as Brumberg, argue that in a culture which encourages girls and women to diet, some become "addicted" to losing weight and develop anorexia nervosa.<sup>1</sup> Other scholars take a more post-structuralist view, arguing that dieting discourses form an important part of the discursive context which constructs weight-loss and food refusal as a meaningful "technology of the self" in weight-phobic societies.

These arguments raise questions about the pervasiveness of discourses and cultures of dieting in the East German context. In the previous chapter, it was argued that, despite the absence of capitalist industries, there existed in the GDR a discursive network, drawing on "science", "aesthetics" and "morality", which venerated the "slender" body and stigmatised the "fat" one. In the name of "health" and "productivity", the state encouraged East Germans to monitor their body weight and that of their family. For those found to be "overweight", there was only one solution: weight-loss. But how, according to state propaganda, was this to be achieved?

This chapter explores the state-promoted discourses which instructed East Germans on how to lose weight. In so doing, it analyses the extent to which they were shaped

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<sup>1</sup> Joan Jacobs Brumberg, *Fasting Girls: The History of Anorexia Nervosa* (New York: Vintage Books, 1988), 40-41.

by pre-socialist cultural legacies, new socialist ideas and values, and contemporaneous western trends and discourses. It also examines cultures of dieting in the GDR. This includes an exploration of those who dieted and how and why they did so. In this way, the chapter analyses the gender and class dimensions of dieting within the East German context. Ultimately, it assesses the pervasiveness of discourses and cultures of dieting in the GDR and the ways in which they were constructed and operated.

### **I. The Re-emergence of Dieting Discourses in the 1950s**

Popular obsessions with body weight and dieting had first begun to take hold of the German middle classes in the late nineteenth and early twentieth centuries.<sup>2</sup> During this period, a new slender body ideal had been promoted by the media, new fashions, and medical practitioners. By the mid-1920s, after the interruption of the First World War, dieting had become a widespread part of everyday life for many Germans. Indicative of this new interest in the slender body was the flooding of the book market with dieting advice literature. One particularly popular genre of dieting books was *Fastenliteratur*, which advised readers on how to lose weight through periodic fasting. Newspaper and magazine advertisements for weight-loss products, including various pills, potions and contraptions, also became common during this time. Although doctors certainly played a part in new fears concerning “excess” body weight, many medical professionals were alarmed by the new trend of weight-loss fanaticism and warned against radical weight-loss programmes and anti-fat pills.<sup>3</sup>

After the Nazis’ assumption of power in 1933, dieting discourses had remained a feature of everyday life. This can be seen in the numerous advertisements for weight-loss products which appeared in the Nazi Party’s women’s magazine *NS-*

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<sup>2</sup> Sabine Merta, *Wege und Irrwege zum modernen Schlankheitskult: Diätkost und Körperkultur als Suche nach neuen Lebensstilformen 1880-1930* (Stuttgart: Franz Steiner Verlag, 2003). Obsessions with body weight and dieting took hold of the American middle classes during the same period. See Peter N. Stearns, *Fat History: Bodies and Beauty in the Modern West* (New York: New York University Press, 1997).

<sup>3</sup> See Merta, *Wege und Irrwege*, 531-532.



*Frauen Warte*.<sup>4</sup> Despite the promotion of such products in a Nazi Party magazine, it has been suggested elsewhere that the Nazi authorities attempted to dampen down the cultural forces which promoted dieting, particularly amongst women: “since slimness was held to be incompatible with bearing many children, women were to be persuaded not to trouble about their figures.”<sup>5</sup> The extent to which this message was promoted and the extent to which it was adhered to is beyond the scope of this thesis. However, it is important to note that after the outbreak of war in 1939 concerns about dieting began to be generally replaced by more urgent worries about ensuring one’s family had enough to eat. Although close state supervision of agriculture, combined with imports from occupied Europe and the systematic starvation of certain groups of people, protected “Aryan” Germans on the home front from serious food shortages, food was far from plentiful, with 97 per cent of pre-war food consumption being rationed by 1942.<sup>6</sup> As discussed in chapter two, the situation significantly worsened in the final months of the war and in the immediate post-war period, as widespread hunger swept across Germany. In this context of acute hunger and misery, dieting was certainly not an issue for most Germans. And yet, less than a decade after the severe food shortages had ended, East Germans were again being incited to diet.

One of the first signs that a public discourse of dieting was re-emerging in the eastern part of Germany was the re-appearance in magazines of advertisements for slimming aids, such as pills and teas. Advertisements such as those shown in *figures 18 and 19* began to appear regularly in East German magazines, such as *Die Frau von heute* and *Das Magazin*, in the mid-1950s. Also at this time there was a re-appearance of magazine articles offering advice on how to lose weight. For example, in December 1954, at the end of its first year in circulation, *Das Magazin* published its first dieting article. Eight months earlier it had published an article which told the

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<sup>4</sup> Adverts for weight-loss products continued to appear in *NS-Frauen Warte* during the war years but appear to have begun to reduce in number from 1942. This coincides with the first major drop in rations, when average daily rations amounted to 1,700 calories. See Alice Weinreb, *Matters of Taste: The Politics of Food and Hunger in Divided Germany, 1945-1971* (PhD thesis: University of Michigan, 2009), 52.

<sup>5</sup> Richard Grunberger, *A Social History of the Third Reich* (London: Phoenix, 2005), 335.

<sup>6</sup> Richard Overy, *The Penguin Historical Atlas of the Third Reich* (London: Penguin, 1996), 89.

story of a woman who, on the first morning of spring, was horrified to find that she had put on so much weight over the winter that she could no longer fit into her spring clothes.<sup>7</sup> Her solution to this was to get up fifteen minutes earlier each morning to do a series of exercises, which were helpfully depicted below the text for the reader to emulate. While this article clearly presented “excess” weight as something which needed to be tackled, it focused on exercise rather than dieting. The December article was the first to advocate reduced food consumption in order to induce weight-loss. Written by *Das Magazin*’s regular columnist, Corinna, this article, entitled “Help! I’m becoming too fat”, suggested that by following its slimming advice, the reader could become “almost so slim as Monika or Petra or Gerda, of whom you are secretly envious.”<sup>8</sup> As well as dieting articles such as this, the late 1950s also witnessed the publication of at least one book which instructed East Germans on how to lose weight.<sup>9</sup>

Image removed due to copyright restrictions.

Advertisement reads: “Slim and beautiful by using Fucovesin slimming dragées.  
VEB Pharmaz. Werke  
Dr. Remmler Berlin N4”

**Figure 18:** Advertisement for Fucovesin slimming dragées, *Das Magazin*, 1955

Image removed due to copyright restrictions.

Advertisement reads: “You can become slim! At the same time you can also become younger and more productive [*leistungsfähiger*] when you undertake a slimming cure [*Schlankheitskur*] with the tried and tested Heibol slimming tea. Weight loss of up to 20 pounds is guaranteed. HO Drogenhaus Rostock, AM Brink 48.”

**Figure 19:** Advertisement for Heibol slimming tea, *Die Frau von heute*, 1957

<sup>7</sup> “Frühlingssorgen”, *Das Magazin*, April 1954, 60-61.

<sup>8</sup> “Hilfe! Ich werde zu dick”, *Das Magazin*, December 1954, 64-65.

<sup>9</sup> Dorothea Schmidt and Jutta Schicht, *Kost zur Gewichtsverminderung* (Berlin: VEB Verlag Volk und Gesundheit, 1959).

## II. How to be a “Socialist Dieter”: State-Propagated Dieting Discourses

The re-emergence of discourses of dieting in the East German media in the 1950s happened with the consent of the state authorities which controlled all media content. However, it was only in the 1960s that discourses of dieting in the popular press began to be very clearly directed specifically by the East German health authorities, particularly the Central Institute for Nutrition and the National Committee for Health Education. The influence of these authorities was made clear because, unlike the articles during the 1950s, from the 1960s articles about dieting were usually written by doctors or nutritional scientists or, alternatively, they took the form of an interview with a medical or scientific figure of authority. This development arose out of the health authorities’ concerns about rising levels of obesity which were explored in the previous chapter. In the same way that the health authorities sought to create socialist ways of consumption, they also sought to create socialist ways of dieting.

From the 1960s until the collapse of the GDR in 1990, efforts to discredit “western” dieting methods formed a key part of official attempts to create socialist ways of dieting. This strategy was not unique to the GDR but was also a feature of official dieting discourses in other socialist countries, such as Czechoslovakia.<sup>10</sup> The *Punkte-Diät* (points diet) was the main “western” diet to come under sustained attack from East German health authorities. For example, in 1969 *Woche* published an article written by Professor Haenel, director of the Central Institute for Nutrition.<sup>11</sup> In this article East Germans were told that the *Punkte-Diät*, which had originated in England and was now popular in America and Western Europe, was not to be recommended to the “30 or 40 per cent of overweight citizens in the GDR” because it was contrary to the nutritional science promoted by the Central Institute for Nutrition. Of particular concern were the low vitamin and mineral content and the

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<sup>10</sup> Martin Franc, “Socialism and the Overweight Nation: Questions of Ideology, Science and Obesity in Czechoslovakia, 1950-1970”, in Derek J. Oddy, Peter J. Atkins and Virginie Amelien (eds), *The Rise of Obesity in Europe* (Farnham and Burlington: Ashgate, 2009), 193-205.

<sup>11</sup> H. Haenel, “Gut essen, gut trinken und trotzdem abnehmen”, *Woche*, 19.9.1969. See also Helmut Haenel, “Sich gesund ernähren – aber wie”, *Presse Information*, 15.12.1975.

high fat content of the diet. This same message was still being promoted in the 1980s, except that the language of risk was invoked. In an article published in 1984, East Germans were told that the *Punkte-Diät* “presented a health risk”.<sup>12</sup> Similarly, an article from 1988 informed them that the *Punkte-Diät* led to increased levels of fatty substances (*Fettstoffe*) in the blood and that this was “a risk-factor for cardiovascular conditions, particularly heart attacks.”<sup>13</sup>

Attacks on “western” diets were deemed necessary by the director of the Central Institute for Nutrition not only because they contradicted the GDR’s nutritional scientific advice but also because, according to an article written by Professor Haenel after the collapse of the GDR, as “recommendations from the West” these diets were uncritically accepted and enthusiastically adopted by East Germans. According to Haenel, this response was in marked contrast to East Germans’ response to “official” nutritional advice, which was received with mistrust. Haenel argued in 1991 that East Germans had regarded “official” advice “from above” as part of the state’s attempts to regulate the population and as an emergency solution to the economic shortage situation.<sup>14</sup>

Contemporaneous western diets, such as the points diet, were not the only ones to come under attack from the health authorities. So too did diets which had been popular in Germany before the Second World War. Labelled as *Hungerkuren* (hunger cures) or the *Null-Diät* (nil diet), the practice of fasting for extended periods of time was also heavily criticised in the East German media from the 1960s until the late 1980s. For example, an article published in 1962 compared the effects of *Hungerkuren* to the effects of the widespread malnutrition in the war and immediate post-war years:

Most people are still aware of the way in which *Leistungsfähigkeit* (productive capacity) sinks with too little protein consumption. We

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<sup>12</sup> “Kontra Punkte-Diät”, *Neue Berliner Illustrierte*, 49, December 1984.

<sup>13</sup> “Dicker werden ist nicht schwer...”, *Neue Berliner Illustrierte*, February 1988.

<sup>14</sup> Helmut Haenel, “Ernährungsaufklärung in der ehemaligen DDR – eine Retrospektive”, *Ernährungs-Umschau*, 38, 5, 1991, 175-179.

all experienced that with the low-protein diet of the war and post-war years. It would not be medically responsible to base a weight-loss programme on that sort of starvation diet. The low calorie count would work well for obese people (*Fettsüchtigen*), their layers of fat would disappear but the protein deficit would have extremely negative effects.<sup>15</sup>

The message that *Hungerkuren* were damaging was still being promoted at the end of the 1980s in articles such as “Get slim – but without a *Hungerkur*.”<sup>16</sup> As with the *Punkte-Diät*, from the 1970s the language of risk was invoked with East Germans being told that fasting carried “health risks.”<sup>17</sup> Some articles stated that the only time that the practice of fasting could be recommended was when it was overseen by a doctor. This was the message given in a 1977 article entitled “Fasting under control” which stated that “the treatment may only take place under clinical control.”<sup>18</sup>

From the late 1970s, warnings against *Hungerkuren* were often aimed specifically at school girls and female students. An article entitled “The good figure” which appeared in 1977 in *Junge Welt*, the newspaper of the East German youth organisation *Freie Deutsche Jugend* (FDJ), made the following statement:

Schoolgirls and female students who, during their training (*Ausbildung*) turn to *Hungerkuren*, impair not only their mental functioning and their growth, but can also make their first pregnancy more difficult, and even endanger it.<sup>19</sup>

As will be argued later in this chapter, the fact that the East German media began to issue such statements can certainly be seen as indicative of an intensification among the health authorities of concerns about the extent of “unnecessary” dieting among East German girls and young women in the 1970s and 1980s. It is possibly also indicative of an intensification of dieting behaviour among this cohort.

<sup>15</sup> “Richtige und falsche Entfettungsdiät”, *Alles für deine Gesundheit*, 4, 1962.

<sup>16</sup> Helmut Haenel, “Schlank werden – aber ohne eine Hungerkur”, *Neues Deutschland*, 21.3.1987.

<sup>17</sup> For example, see “Vorsicht vor der Null-Diät”, *Wochenpost*, 9.10.1988.

<sup>18</sup> “Unter Kontrolle fasten”, *Wochenpost*, 2.9.1977.

<sup>19</sup> “Die gute Figur”, *Junge Welt*, 23.8.1977.

Other diets which were warned against in the East German media included the egg diet (*Eier-Diät* or *Eierkur*), the Vodka diet (*Wodka-Diät* or *Wodkakur*) and juice days (*Safttage*). These were deemed inappropriate because of the health risks associated with such an unbalanced diet. However, somewhat counter-productively, some of these articles which warned against such diets also outlined what they involved. For example, an article which told East Germans that the *Wodkakur* was the most dangerous of all the *Gewaltkuren* (violent cures) also told them that this diet required the daily consumption of two boiled sausages (*Bockwürste*), 200 grams of cheese, one egg, one apple, three cups of coffee and four double shots of vodka!<sup>20</sup> Warnings against these types of unbalanced diets seem to have been particularly prominent in the East German media in the 1980s.<sup>21</sup> It is possible that this is indicative of a perception among the health authorities in the 1980s that many East Germans were engaged in “inappropriate” dieting. As well as receiving warnings about specific diets, East Germans were also told during the 1980s that they should not base their attempts to lose weight on the popular German maxim “*Friß die Hälfte*” (FdH – eat half as much).<sup>22</sup> Furthermore, appetite suppressants (*Appetitzügler*) were also to be avoided.<sup>23</sup>

Rather than eat half as much, take medication or adopt a *Gewaltkur*, the dieting advice from the East German health authorities focused on gradual weight-loss through a balanced but calorie-reduced diet. This advice was consistently relayed to the East German population in the media and in weight-loss guides from the 1960s until the collapse of the GDR in 1990. However, although the overall message remained consistent, the details changed. For example, a weight-loss guide published

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<sup>20</sup> “Wodkakur – was ist das?”, *Freie Welt*, 27.7.1987.

<sup>21</sup> See, for example, “Zurück zur Figur”, *Deine Gesundheit*, June 1982, 173; “Zurück zur Figur”, *Deine Gesundheit*, July 1982, 207-210; “Zurück zur Figur”, *Deine Gesundheit*, September 1982, 271-274; Helmut Haenel, “Schlank werden – aber ohne eine Hungerkur”, *Neues Deutschland*, 21.3.1987; “Nulldiät und Safttage”, *Freie Welt*, 12.6.1987; “Wie gut ist die Eierkur”, *Freie Welt*, 6.1987.

<sup>22</sup> For example, see ““FdH” zieht nicht”, *BZ am Abend*, 8.11.1988; and “Abspecken im Handstreich?”, *Wochenpost*, 9.10.1989. Other versions of this saying include “*Futter die Hälfte*” and “*iß die Hälfte*”.

<sup>23</sup> For example, see “Zurück zur Figur”, *Deine Gesundheit*, October 1982, 303-306; “Dicker werden ist nicht schwer”, *Neue Berliner Illustrierte*, February 1988; “Wege zur schlanken Linie”, *Neue Zeit*, 12.1.1989.

in 1967 recommended a *monthly* weight-loss of 1 kilogram.<sup>24</sup> Five years later, another weight-loss guide recommended that between 0.5 and 1 kilogram should be shed *per week*.<sup>25</sup> The latter piece of advice remained the standard recommendation during the 1980s. However, some articles suggested that an even kilogram should be lost. For example, an article from 1981 stated that “the opinion of nutritional science is unanimous and impossible to misunderstand: in order to retain *Leistungsfähigkeit*, each week a kilogram should disappear.”<sup>26</sup> Such references to the maintenance of *Leistungsfähigkeit* were common in official East German dieting advice and reflect the centrality of this concept to official East German understandings of “health”.<sup>27</sup>

Regardless of how fast weight was expected to be shed, all official East German dieting advice agreed that in order for weight-loss to occur calorie consumption had to be reduced. “Overweight” East Germans were told they needed to calculate their current calorie consumption and then reduce it in various ways, such as not buttering their bread and not putting milk and sugar in their tea. A common piece of advice was that they needed to consume each day one thousand fewer calories than the figure which was recommended for someone of their height. From the 1970s, new options for reducing calorie consumption became available. “Overweight” East Germans were advised to purchase items from the recently developed range of calorie-reduced products (*ON-Kalorienreduziert*) and to use the newly developed artificial sweetener, *Zückli*, instead of sugar.<sup>28</sup> By consuming these products and following calorie-reducing advice, East Germans were told that they would successfully reduce their consumption of fat and sugar and that this would lead to weight-loss. However, dieting advice consistently stressed that while it was important to lower calorie consumption by reducing the consumption of fat and sugar, it was

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<sup>24</sup> Eugen Baunach, *Das Geheimnis der schlanken Linie: Vom Wesen der Fettsucht Wege zu ihre Überwindung* (Berlin: VEB Verlag Volk und Gesundheit, 1967), 15.

<sup>25</sup> *Schlank lebt sich's besser*, (Deutsches Hygiene-Museum, 1972), 5.

<sup>26</sup> “Abspecken im Handstreich?”, *Wochenpost*, 9.10.1981.

<sup>27</sup> See chapter 3 of this thesis.

<sup>28</sup> For more details about the *ON-Kalorienreduziert* range see chapter 3 of this thesis. These products were specifically advertised as aids to weight loss. For example, the back cover of issue 43 of *Für Dich* in 1976 featured an advertisement for *ON-Kalorienreduziert* products. The advertisement was entitled “Products (*Lebensmittel*) to make you slim and help you stay slim”. Similarly, *Zückli* was advertised in *Für Dich* in 1977 as the recently developed sweetener which was primarily for diabetics and those who were “overweight”. See “Süßen ohne Kalorien”, *Für Dich*, 4, 1977, 42.

equally important for East Germans to consume the recommended daily amounts of nutrients, such as protein, vitamins and minerals. For this reason, it was recommended that dieters (and, indeed, all East Germans) consumed fruit and vegetables, low-fat milk, fish and wholemeal bread.

Another weight-loss option which was officially promoted from the 1970s onwards was the use of *Redukal*. This was advertised as an almost tasteless powdered soup which contained one thousand calories, plus the recommended daily amount of protein, carbohydrates and fat. However, although it was advertised as being “tasteless”, former GDR citizens whom I have interviewed mostly remember it as being utterly foul-tasting. During the 1970s, articles in magazines such as *Für Dich* and *Deine Gesundheit* encouraged “overweight” people to try *Redukal* as a means of losing weight.<sup>29</sup> Readers were informed that if they were otherwise healthy, they could consume nothing but *Redukal* without any medical supervision but that they must not do so for any longer than a week. Alternatively, they could introduce intermittent “*Redukal* days” into their diet. The articles were also at pains to point out that *Redukal* was intended for “overweight” people and was not to be used by “lean people” (*magere Menschen*). Articles advising the moderate use of *Redukal* as a means of weight loss continued into the 1980s.<sup>30</sup>

Despite the existence of a small range of weight-loss and low-calorie products, and the official advice to diet by counting calories, nutritional scientists repeatedly stated that they did not want East Germans to become “diet fanatics”. An article by Professor Haenel in *Presse Information* in 1975 outlined what was meant by this:

Everything in life has two sides: whoever is indifferent, feeds his face (*futtert*) and becomes fat (*fett*), gets typical illnesses and dies (statistically speaking) several years earlier. Whoever, on the other hand, weighs every morsel (*Happen*) on the post-office scales (*Briefwaage*), constantly tortures himself and his family with whichever more or less substantiated “nutritional guide”

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<sup>29</sup> For example, see “Redukal”, *Deine Gesundheit*, April 1974, 121 and “Iss Dich gesund: Dazu diesen ärztlichen Ratschlag”, *Für Dich*, 13, 1975, 46.

<sup>30</sup> For example, see “Zurück zur Figur”, *Deine Gesundheit*, November 1982, 335-338.



(*Ernährungswegweisern*) (as a one-sided vegetarian or someone who only eats raw foods (*Rohköstler*), as someone who only drinks milk or only eats spinach, as a fan of the quail-egg diet or the points diet) or whoever becomes very nervous from calculating and weighing, damages himself just as much.<sup>31</sup>

Instead of such dietary “fanaticism” East Germans were expected to diet “sensibly” (*mit Vernunft*). The nub of official dieting advice was succinctly summed up in a statement from the German Hygiene Museum and the Central Institute for Nutrition:

Basically, the following applies: Whoever wants to lose weight, must consume less nutritional energy than his body needs, but must ensure that he consumes all the essential nutrients in the correct quantities – that means not eating less but eating differently.<sup>32</sup>

This advice applied not only to “overweight” adults but also to “overweight” children. An article by a paediatrician in *Für Dich* in 1965 told readers that the eating habits of “overweight” children needed to be changed. They needed a diet which was low in fat and carbohydrate but high in protein. Sugary products such as cake and lemonade needed to be cut out.<sup>33</sup> Similar advice was given in an article in *Deine Gesundheit* in 1974. However, this article also recommended that children be given the recently developed weight-loss products such as sweetener instead of sugar, and *Cama* margarine (part of the *ON-Kalorienreduziert* range) instead of butter. It even recommended that “overweight” children should have a “*Redukal day*” once or twice a week.<sup>34</sup> Similar dieting advice aimed at children and their parents continued to be given in articles published during the 1980s.<sup>35</sup>

On the face of it, official East German advice on how to diet seems to have promoted a “sensible” approach to dieting which was based on the ideas of moderation and a balanced diet. However, when one analyses more closely the

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<sup>31</sup> Helmut Haenel, “Sich gesund ernähren – aber wie”, *Presse Information*, 15.12.1975.

<sup>32</sup> “Kontra Punkte-Diät”, *Neue Berliner Illustrierte*, 49, December 1984.

<sup>33</sup> “Wenn das Kind gesund sein soll”, *Für Dich*, 42, October 1965, 6.

<sup>34</sup> “Das raten wir Ihnen”, *Deine Gesundheit*, April 1974, 114.

<sup>35</sup> For example, see “Guter Rat: Erst pummelig, dann dick”, *Für Dich*, 40, 1986, pp. 41-43; ““Speck” kann auf die Seele drücken”, *Für Dich*, 40, 1986, 46; and “15 Jahre und zu viele Kilo”, *Guter Rat*, 2, 1987, 6-7.

promotion of this advice, it becomes clear that, like most dieting advice, it promoted obsessive thinking about food and presented the practices of self-denial and self-control as virtues. A good illustration of this point is provided by the weight-loss series “Eat yourself slim with *Für Dich*”, which appeared in several issues of *Für Dich* in 1985. This series followed the official line of warning against “extreme” diets and promoting “sensible” eating at regular intervals – five meals a day rather than three. Readers were informed that they should continue to enjoy food and should not go hungry. One of the many mottos given was “No denial, rather change!” (*Kein Verzicht, sondern Änderung!*). It was advised that readers should set themselves achievable goals, such as to lose 0.5 kilograms per week, and that they should only weigh themselves once a week. While all this sounds very “reasonable”, closer inspection reveals messages which arguably mirror (and possibly promote) anorexic behaviour. This is made particularly clear in installment fifteen, entitled “When I become weak...”<sup>36</sup> Although the beginning of the article states, “What you have achieved shows: becoming slimmer without starving is fun!”, the text and the illustration (see *figure 20*) suggest quite the opposite. Far from being fun, the article acknowledges that dieting involves self-denial, “tormented thoughts about hunger and thirst” and a constant struggle with the self. In order to alleviate these aspects of dieting, the article offers the reader advice on how to stop herself from eating when “hunger-attacks” (*Heißhunger*) or “appetite” (*einfach der Appetit*) strike. First, the reader is told, she needs to give a great deal of thought to the situations in which she finds it particularly difficult to avoid eating more than she should. Such obsessive thoughts about food are further encouraged by suggesting she keeps a diary for a week, noting when, where and how these situations arise. This echoes the advice in the first instalment which urged readers to:

Start by considering in peace and quiet what, when, how much and, most importantly, how you eat and drink. Write a simple log and keep hold of it...In accordance with your knowledge and your conscience, try to put a question mark everywhere where you think it could be too much of a good thing (*zuviel des Guten*).<sup>37</sup>

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<sup>36</sup> *Für Dich*, 49, 1985, 42.

<sup>37</sup> *Für Dich*, 15, 1985, 42.

The reader of instalment fifteen is advised that when faced with a situation in which she is tempted to eat, she should ask herself three questions:

Must I eat straight away or can I wait a few minutes – or even longer? Does it have to be a lot? Does it have to be absolutely anything or can I get some relief from a low-energy food? The most important thing with hunger-attacks is hesitation and then reflection.

Another strategy suggested by this article is to distract oneself from thoughts of food by thinking about something “more important” or turning to an activity such as a handicraft, reading or a conversation. One should say to oneself “*I’m now going to undertake something more important and will therefore not eat anything.*” (Emphasis theirs).

A running theme throughout this series of articles was the issue of self-determination. This was emphasised by the repetition of the mantra “I determine what, when, how much and how I eat”. In instalment fifteen, control of the self was given particular attention. Readers were told to prepare themselves for “dangerous situations” (*Gefahrensituationen*):

Think of all possibilities: immediately give in *without consideration*, give in after consideration (*to consider*), to distract oneself (*to distract*) or to resist (*sovereignly steer*). Everything which you have considered is determined only by you. (Emphasis theirs).

The favoured option is clear: resist and thus display sovereignty to steer one’s desires away from temptation. Superficially at least, the article is suggesting that it is acceptable to show “weakness” as long as you have carefully considered the options before acting. However, the real message that shines through is that if you are to reap the rewards of slenderness, you must learn to control your appetite:

Even when you give in, you are in control of the situation! You don't deceive yourself: I am allowed to sometimes be weak. But: I control the danger and with it my appetite. *I want to be slim again and to stay slim!* (Emphasis theirs).

While purporting to “remedy” “unhealthy” eating habits, the advice given in this series of articles arguably promotes different but also “unhealthy” attitudes towards food and self. This is because of the way in which it encourages obsessive thinking about food and eating. Furthermore, like all dieting advice it usually sets up the dieter for failure, thus potentially lowering self-esteem. Another potentially negative effect of dieting series such as this one is that, unlike dieting self-help books which would be generally only consulted by those specifically seeking dieting advice, *Für Dich* had a wide female audience, which included girls and young women who were not “overweight” but were nevertheless sensitive to cultural messages concerning body image, dieting and self-control. Indeed, the series “Eat yourself slim with *Für Dich*” was specifically aimed at slim East Germans, as well as those classed as “overweight”. This was made clear in the first instalment which stated that, “those who are slim and want to stay that way are invited to take part just as much as those of you who are overweight.”<sup>38</sup>

A final point which supports the argument that the advice in this series of articles mirrors (and possibly promotes) anorexic thinking and behaviour is that while it might be somewhat anachronistic to compare the advice given in this series of East German dieting articles with the advice given on twenty-first century pro-ana websites, one cannot help but be struck by the similarities. Both offer tips on distracting oneself from thoughts of food. Both suggest that readers keep a food diary which details not only food consumed but also when and where it was consumed and both tell readers of the importance of self-determination and giving oneself permission to eat after due consideration.<sup>39</sup>

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<sup>38</sup> “Iß Dich schlank mit *Für Dich*”, *Für Dich*, 14, 1985, 42.

<sup>39</sup> Pro-ana websites promote anorexia nervosa as a “lifestyle choice” and act as a forum in which “anorexics” share tips on how to lose weight and control their appetites. The following excerpts were taken from the websites [www.proanamia.com](http://www.proanamia.com) and [www.pro-ana-nation.com](http://www.pro-ana-nation.com) on 15 May 2010:

Image removed due to copyright restrictions.

A drawing of an empty plate with a knife and fork placed on it in the shape of an X.

**Figure 20:** *Für Dich*, 1985

In summary, while the East German health authorities were attempting to promote “socialist ways of dieting”, based on “scientific reason” and the eschewing of “extreme” practices, the “reasonable” methods they promoted subtly encouraged East Germans to adopt obsessive thoughts and behaviours in relation to food and eating. As will be shown in the next section of this chapter, the tendency to adopt such thoughts and behaviours seems to have been particularly strong among girls and young women. An explanation for this will be sought in the gendering of dieting discourses and in an exploration of wider social structures and cultural developments both within and outside of the GDR.

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“Fidget, take up a new hobby, find something to focus on. Find something with which to distract your hands and/or mouth...Sewing or stringing beads is good, detail-oriented and monotonous. Keep yourself occupied.”

“Substitute activity for eating. When the cravings hit, go to the “Y” or health club if possible; or dust, or walk around the block.”

“Start your day with a food diary, record everything you eat, what you were doing at the time, and how you felt. That tells you about yourself, your temptation, the emotional states that encourage you to snack and may help you lose once you see how much you eat.”

“Give yourself permission before eating. Stop and think about it, consider if you really want to eat whatever-it-is. If your answer is yes, then say (or think) something like “I’m allowed to eat this” or “I have permission to eat this”.

Other strategies to be found on these websites include setting “obtainable goals”, such as losing five pounds a month; weighing yourself only once a week; and, when hunger strikes, waiting ten minutes before eating in order to see if it passes.

### III. Cultures of Dieting in the 1970s and 1980s

This section will explore the dieting behaviours and practices of East Germans in the 1970s and 1980s. The reason that it focuses on these two decades is that while there is a wealth of material concerning cultures of dieting in the 1970s and 1980s, there is very little evidence from the 1950s and 1960s. Part of the reason for this is that much of the material on this topic comes from surveys conducted by organisations such as the Central Institute for Youth Research and the Central Institute for Nutrition. These organisations only began conducting significant numbers of surveys addressing the topic of dieting in the 1970s. The numerous articles and letters published in newspapers and magazines also provide significant insight into cultures of dieting during these decades.

There is much evidence to suggest that by the late 1980s many East Germans were concerned about their weight, adopted dieting practices, and discussed issues of weight and dieting with their friends and colleagues. For example, a 1987 study conducted by the Central Institute for Nutrition suggests that the majority of East Germans were “figure-conscious”.<sup>40</sup> Of the 439 participants, taken from the working adult “normal population” (*Normalpopulation*) between the ages of 18 and 65, over 50% agreed to the statement that they regularly paid attention to ensuring that they did not put on weight.<sup>41</sup> Furthermore, it was reported that around 60,000 people took part in the 1987 Radio DDR slimming series “Slim for the holidays” (*Schlank in den Urlaub*).<sup>42</sup> The popularity of the topics of weight and dieting in East Germans’ everyday conversations is implied by a letter published in *Für Dich* in 1987 in which

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<sup>40</sup> DIfE Arch, Kasten 91, “Psychologische Grundlagen des Ernährungsverhaltens und Möglichkeiten seiner Beeinflussung”, Akademie der Wissenschaften der DDR Zentralinstitut für Ernährung, 1987, 134-135.

<sup>41</sup> Of course, this could just reflect what survey participants thought was the “correct” answer. However, when read in conjunction with other evidence of dieting cultures in the 1970s and 1980s, the result does not seem implausible.

<sup>42</sup> DIfE Arch, Kasten 232, Blatt 61-66: *Psychological aspects of nutrition information and counselling in respect to nutrition programmes*, June 1988. In order to encourage people to take part, a competition to win a trip to Berlin, Dresden or Warnemünde was launched. In order to win, East Germans had to send in details of their weight before and after the course. See “Nach der Kur geht’s nun ‘Schlank in den Urlaub’”, *Berliner Zeitung*, 31.7.1987.

Bärbel K. from Borsdorf stated that “weight is the number one topic of conversation in my work collective and in my circles of friends and acquaintances.”<sup>43</sup>

That dieting was not only a popular topic of conversation among East Germans in the late 1980s but was also a contentious aspect of everyday life is suggested by a number of other letters which appeared in the East German press in 1987. As already mentioned in the previous chapter, a letter from Jutta N., a resident of Berlin, expressed her and her husband’s frustration with social pressures to diet.<sup>44</sup> Another letter published in the same newspaper that year represented issues of weight and dieting as sources of marital conflict. In this letter, Peter G. from Berlin complained about the “evil looks” (*böse Blicke*) he got from his wife every time he ate a piece of cake or added sugar to his coffee. He explained that this behaviour had begun after his wife had successfully lost her “excess” weight and that she now placed the slim figure (*die schlanke Linie*) above everything else. Peter wanted readers to know that the thought of having to listen to his wife’s sermon (*Predigt*) was spoiling his enjoyment of social gatherings where food was on offer.<sup>45</sup> Irene T. from Altentreptow also expressed the idea that too much attention to weight and dieting could spoil the fun of social gatherings. In her letter in *Für Dich* she stated that “whoever counts calories on these occasions [family weekend meals], or who perhaps just observes rather than tucks in, spoils the fun for themselves and others.”<sup>46</sup> Other letters expressed East Germans’ dislike of dieting behaviours for aesthetic reasons. For example, Holger H.’s letter in *Für Dich* told readers that “the trend of many, primarily young women, to be rake-thin (*gertenschlank*) or skinny (*dürr*) does not appeal to me as a man at all.”<sup>47</sup>

While official reports, press articles and letters in the media strongly suggest a significant culture of dieting in everyday life in the GDR in the 1970s and 1980s, the interviews conducted for the current study point to a more mixed picture. Some

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<sup>43</sup> “Ich kenne meine Schwachstellen”, *Für Dich*, 42, 1987, pp. 22-23.

<sup>44</sup> “Kampagne gegen die Dicken?”, *Berliner Zeitung*, 10/11.10.1987, 11.

<sup>45</sup> “Böse Blicke von der besseren Hälfte”, *Berliner Zeitung*, 19/20.9.1987, 11.

<sup>46</sup> “Zulangen oder zugucken?”, *Für Dich*, 19, 1987.

<sup>47</sup> *Ibid.*

interviewees were adamant that a strong dieting culture already existed in the 1970s and that it intensified during the 1980s. For example, Frau Sch. (born 1949) remembered that dieting was a permanent topic of conversation (*Dauerthema*) among her female friends at university in the late 1960s and early 1970s. Not only did she and her friends talk about dieting, they also tried out various diets, including the vodka diet! Frau Sch. also remembered an intensification of dieting discourses and cultures in the 1980s. She asserted that it was in this decade that “losing weight” and “being chic” became a real issue (*ein richtiges Thema*) in East German society. This was driven, she remembered, by the trend of going to aerobics classes, the fashion for wearing leggings and the ubiquity of *Redukal* in every chemist.<sup>48</sup> However, other interviewees were just as adamant that dieting discourses and cultures played an insignificant role in East German life in the 1970s and 1980s. For example, Frau L. (born 1960) claimed that her only experience of dieting in the GDR was when one of her university friends told her that she had a *Safttag* (juice day) once a week in order to keep her weight down. Frau L. also pointed out that her best friend at school had been “overweight” but had not been bullied for it and had not sought to lose weight.<sup>49</sup>

The questionnaires of two hundred former GDR citizens conducted for this study in the cities of Dresden and Leipzig in 2009 and 2010 suggest that dieting did become a more significant aspect of everyday life in the 1970s and 1980s than it had been in the previous two decades. For example, the results of the questionnaires suggest that the topic of dieting was discussed more often by East German teenagers in the final two decades of the GDR’s existence than in the preceding decades. Of those respondents born in the 1930s, 13% said that as teenagers they had discussed the topic of dieting (*Abnehmen*) often (*oft*) or sometimes (*manchmal*). This compared to 19% of those born in the 1940s; 32% of those born in the 1950s; and 37% of those born in the 1960s. The latter cohort would have been teenagers in the 1970s and 1980s. Of the two hundred participants, one quarter stated that they had tried to

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<sup>48</sup> Interview conducted in Berlin on 2<sup>nd</sup> September 2010.

<sup>49</sup> Interview conducted in Berlin on 30<sup>th</sup> August 2010.



lose weight at some point in the period 1949 to 1989. The most popular reason given for dieting was “in order to feel healthier” (*um sich gesunder zu fühlen*) (58%). The second most popular reason was “in order to be more attractive/look better” (*um schöner zu werden/besser auszusehen*) (50%).<sup>50</sup>

The questionnaires conducted in Dresden and Leipzig also point towards the gendered nature of cultures of dieting. Of the 123 women surveyed, 28% said they had tried to lose weight between 1949 and 1989. This compared to only 21% of the male respondents. Similarly, while 31% of female respondents said that as teenagers they had sometimes or often discussed the topic of dieting with friends, family and colleagues, only 18% of male respondents said this. Female respondents also more frequently remembered experiencing body dissatisfaction when they were teenagers. 13% of the 123 women surveyed said they had been either dissatisfied or unhappy with their body as teenagers. This compared to only 6% of the male respondents. Similarly, while 11% of the female respondents said that as teenagers they had perceived their bodies as being too fat (*zu dick*), only 4 % of male respondents said this.

Archival evidence also supports the perhaps unsurprising claim that dieting was more common among girls and women than among boys and men. For example, of the 60,000 participants in the aforementioned radio series “Slim for the holidays”, 78% were female.<sup>51</sup> Furthermore, as shown in *figures 21, 22 and 23*, a 1987 study by the Central Institute for Nutrition revealed that significantly larger numbers of women than men agreed to the statements “I regularly pay attention to ensuring that I do not put on weight”, “I feel better in myself when I do not eat too much” and “When choosing meals I think about my health or my weight”.<sup>52</sup>

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<sup>50</sup> As discussed in chapter one of this thesis, these results are only indicative of trends highlighted in other sources. They do not claim to be representational.

<sup>51</sup> DfE Arch, Kasten 232, Blatt 61-66: Psychological aspects of nutrition information and counselling in respect to nutrition programmes, June 1988.

<sup>52</sup> DfE Arch, Kasten 91, Abschlußbericht: Psychologische Grundlagen des Ernährungsverhalten und Möglichkeiten seiner Beeinflussung, 1987.

% Agreeing to the statement "I regularly pay attention to ensuring that I do not put on weight"				
	Age 18-24	Age 25-34	Age 35-45	Age over 46
M	15	34	32	52
F	52	60	58	71

**Figure 21:** Central Institute for Nutrition study, 1987

% Agreeing to the statement "I feel better in myself when I do not eat too much"				
	Age 18-24	Age 25-34	Age 35-45	Age over 46
M	30	62	68	70
F	74	81	82	87

**Figure 22:** Central Institute for Nutrition study, 1987

% Agreeing to the statement "When choosing meals, I think about my health or my weight"				
	Age 18-24	Age 25-34	Age 35-45	Age over 46
M	4	16	19	36
F	26	37	37	51

**Figure 23:** Central Institute for Nutrition study, 1987

Although the percentage of women agreeing with these statements increased with age, the difference between the sexes was most pronounced in the 18 to 24 age range. Therefore, these figures suggest that not only were women more generally engaged in dieting activities but that young women were much more receptive to cultural incitements to diet than young men. As will be explored later in this section, cultures of dieting seem to have been influenced not only by gender and age but also by levels of education and type of employment.

### ***"Molli-Kurse": The Growth of Weight-Loss Groups***

A significant development in cultures of dieting in the GDR in the 1970s and 1980s was the emergence and promotion of state-run weight-loss groups. These groups

were often led by a medical doctor. A forerunner in the setting up of formal dieting groups was Dr Fiedler, the district hygiene doctor (*Bezirkshygienearzt*) in Friedrichshain, East Berlin. His first group was established in 1971. This dieting group emerged out of a local initiative by the East German women's organisation (DFD). In co-operation with Dr Fiedler, DFD group III in Berlin-Friedrichshain launched the campaign "Participate – become slim" (*Mach mit – werd schlank*). Although it was launched by the DFD, participation was open to men and women. The course ran for three months, during which time participants were expected to limit their daily calorie intake to 1,200 calories. Participants also met every fourteen days to be weighed and measured. Measurements were taken of their chest, waist and hip circumference. All details were recorded. During these meetings there were also group discussions, in which the participants discussed their food sins (*Eßsünden*), swapped tips and encouraged each other to remain "iron-willed" ("*eisern*" zu *bleiben*). They were also taught about nutritional science and about how to use a calorie table. Furthermore, under the instruction of a physiotherapist (*Heilgymnastin*) participants would do half an hour of exercises. The existence and success of this course was relayed to the East German public through the press. Furthermore, media reports from later in the 1970s reveal that Dr Fiedler continued to run group dieting courses throughout the decade.<sup>53</sup> These courses were based at the polyclinic of the industrial firm VEB Narva and were available to VEB Narva employees. A series of articles run by *Für Dich* in 1979, followed the progress of twenty women who were trying to lose weight by attending one of these courses.<sup>54</sup>

State-funded weight-loss courses were supported by East German health educationalists and nutritional scientists. For example, Dr Fiedler's first course in 1971 was lauded by one of the speakers at the Fourth National Conference for Health Education in 1971 as something to be emulated across the GDR.<sup>55</sup> Similarly, in 1975 a report from the Central Institute for Nutrition recommended that, as part of

<sup>53</sup> For example, see "Mit Pfunden wuchern? Gruppentherapie gegen die Übergewichtigkeit", *Neue Zeit*, 27.12.1973; and "Gruppenweise dem Fett zu Liebe", *Neues Deutschland*, 30.3.1974.

<sup>54</sup> The first in the series: "Schlank werden und schlank bleiben", *Für Dich*, 19, 1979, 44.

<sup>55</sup> See "Lieber gesund und schlank – als wohlbeliebt und krank", *Für Dich*, October 1971; and SAPMO-BArch DQ113/12, Stenografisches Protokoll IV. Nationale Konferenz für Gesundheitserziehung "Erziehung zur gesundheitsfördernden Ernährung" am 4. und 5. November 1971 in Berlin, 152.

the GDR's fight against obesity, groups should be formed for East Germans who were extremely, moderately and slightly "overweight". According to this recommendation these groups were to provide advice about the causes and consequences of "excess" weight and provide possibilities for weight reduction. The report stated that suitable participants for these groups could be identified when they took part in the mass x-ray screenings for tuberculosis.<sup>56</sup>

This support enabled the trend for establishing weight-loss groups to continue into the 1980s. The East German women's organisation, DFD, continued to play a key role in this. For example, in 1987 the DFD centre in Berlin-Marzahn established a so-called "*Mollikreis*" (chubbies' circle). This was billed as a weight-loss course in which participants could speak to doctors about psychological and medical aspects of their problems.<sup>57</sup> Other courses were set up by doctors and psychologists independently of organisations such as the DFD. A good example of this is the MABUHL-Seminar established in Rostock by a doctor (Manfred Bock) and a psychologist (Manfred Uhlmann). The course, which took a year to complete, appears to have been popular, with a reported 250 participants.<sup>58</sup> As well as attending these types of weight-loss courses, "overweight" East Germans in the 1980s could also participate in aerobics classes. Dubbed "*Molli-Kurse*" (courses for chubbies) or "*Molli-Sportgruppe*" (sport groups for chubbies), these classes usually involved participants doing aerobic exercises to pop music.<sup>59</sup> Some of these courses were run by industrial firms, such as the Buna Chemical Works (*Kombinat Chemische Werke Buna*), for their

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<sup>56</sup> DfE Arch, Kasten 197, Blatt 190-192: Teilprojekt "Ernährung und Leistung" Fünfjahresabschlußbericht 1971-1975, December 1975.

<sup>57</sup> See "Polstern wird zu Leibe gerückt", *Neues Deutschland*, 7.4.1987.

<sup>58</sup> See "Abnehmen und doch gesund bleiben", *Neues Deutschland*, 27.5.1989.

<sup>59</sup> The existence of aerobics classes in the GDR reflects a broadening of the range of sports on offer within the German Gymnastics and Sports Association (DTSB). This was part of a process, beginning in the 1970s, which emphasised the health benefits and recreational aspect of engaging in regular exercise. Before this time there had been greater rhetorical focus on the role of sport in the development of the "socialist personality" and the improvement of worker productivity. The introduction of *Modesports*, such as aerobics, also reflects the GDR's participation in wider international trends. See Dan Wilton, "The 'Societalisation' of the State: Sport for the Masses and Popular Music in the GDR", in Mary Fulbrook (ed.), *Power and Society in the GDR, 1961-1979: The "Normalisation of Rule"?* (New York and Oxford: Berghahn, 2009), 102-129; and Molly Wilkinson Johnson, *Training Socialist Citizens: Sports and the State in East Germany* (Leiden: Brill, 2008).

employees.<sup>60</sup> Others were run by the German Gymnastics and Sports Association (DTSB). According to one article, in 1988 there were 1,050 “overweight” East Germans participating in the DTSB’s thirty two groups in Berlin.<sup>61</sup>

It was not only East German adults who took part in this organised culture of dieting. Beginning in the 1970s, dieting courses for “overweight” children also began to be established and publicised. Some of the most well-publicised courses were those run in Weimar by the Advice Bureau for Children’s and Young People’s Health Protection (*Weimarer Beratungsstelle für Kinder- und Jugendgesundheitschutz*). These courses were established in 1973 and ran up to four times a year. By 1977, as the nineteenth course began, two hundred children, some as young as four, had participated. The courses were run by a doctor from the Department of Youth Health Protection (*Abteilung Jugendgesundheitschutz*). Parents and children were instructed about healthy nutrition, and the children were regularly weighed and measured.<sup>62</sup> Articles published in 1987, reveal that these courses were still going at the end of the 1980s.<sup>63</sup>

Weimar was not the only East German city to establish dieting courses for children in the 1970s. In 1978 a similar course was established in Potsdam. This course was led by a paediatrician (*Jugendärztin*), in close co-operation with the Central Institute for Nutrition, the Cabinet for Health Education (*Kabinett für Gesundheitserziehung*) and the Sports Medicine Service of Potsdam (*sportmedizinischer Dienst Potsdam*). A great deal of emphasis was placed on weekly group exercise in the sports hall of a local school. However, the involvement of psychologists in the running of the course shows that attention was also paid to the children’s attitudes towards food and eating.<sup>64</sup> New courses continued to be established during the 1980s. For example, at the suggestion of the District Committee for Health Education in Berlin-Mitte

<sup>60</sup> See “Mit Hilfe des Sports zu größerem Wohlbefinden”, *Freiheit*, 4.4.1987.

<sup>61</sup> See “Die mutige 7 sind bereits Tausende”, *BZ am Abend*, 28.7.1988. See also “Mollige im Training”, *Neue Zeit*, 2.4.1987.

<sup>62</sup> See “Schlankmacher”, *Für Dich*, 4, 1976, 21; and “Moppelchen wird wieder schlank”, *Neue Berliner Illustrierte*, 46, 1977.

<sup>63</sup> See “Hilfe für “kleine Dicke””, *Bauern-Echo*, 9.5.1987; and “Ein Kurs für kleine Dicke”, *Tribüne*, 12.5.1987.

<sup>64</sup> O. Stolz, “Keiner soll mehr “Dicker” zu mir sagen”, *Bauern-Echo*, 17.05.1978.

(*Kreiskomitee für Gesundheitserziehung*) a weight-loss course for children in grades one to four in three of the district's upper schools (*Oberschulen*) was established in 1984. As with the courses established in the 1970s, there was a focus on instructing the children and their parents about healthy eating; weighing and measuring the children; and group gymnastics.<sup>65</sup> A year earlier, in 1983, another of Berlin's districts, Friedrichshain, had established a "*Sommerdiät*" (summer diet) course for "overweight" youngsters between the ages of twelve and fifteen. Participants, who came from five districts of Berlin, spent three weeks of their summer holidays attending a non-residential course at the Berliner Children's Clinic in Friedrichshain, where a weight-loss programme was overseen by doctors, psychologists, nurses and dietitians.<sup>66</sup> As an article from 1987 makes clear, this particular type of summer course was the only one of its kind in the GDR.<sup>67</sup>

The extent to which formal dieting groups had created an organised culture of dieting by the late 1980s was highlighted in 1988 when a Berlin district doctor (*Bezirkarzt*) informed the City Council's Standing Commission for Health and Social Affairs (*Ständige Kommission Gesundheits- und Sozialwesen der Stadtverordnetenversammlung*) that in Berlin alone there were 133 "*Molli-Kurse*". The existence of these courses clearly formed an important part of East German dieting culture, particularly in urban areas, in the 1970s and 1980s. Furthermore, they represented officially-sanctioned forms of dieting by people who met the health authorities' criteria for being classed as "overweight". In order to obtain a fuller picture of cultures of dieting in the GDR in the final two decades of its existence, however, it is necessary to consider dieting behaviours and practices which occurred in less formal settings, as well as those which were considered by the health authorities to be "inappropriate".

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<sup>65</sup> See "Bis zu 5,4 Kilo weniger auf der Waage", *humanitas*, 1.03.1984.

<sup>66</sup> See "Guter Rat: Erst pummelig, dann dick", *Für Dich*, 40, 1986, 41-43; and "Ein Sommerkurs für schwere Jungs", *Neues Deutschland*, 29.8.1987.

<sup>67</sup> See "Seit fünf Jahren Kurse für kleine Dicke", *Berliner Zeitung*, 24.10.1987.

### ***Cause for Concern: "Inappropriate" Dieting***

The greatest insight into dieting cultures outside of formal group settings is provided by health authority reports and popular press articles which reveal growing concern among the health authorities about the extent of "unnecessary" dieting among East German schoolgirls and young women, particularly students. Since the late 1950s, there had been periodic press articles about the dangers of "unnecessary" dieting among girls and women. For example, a 1959 article, entitled "Hunger artists damage themselves", stated that "young girls, who read in magazines about the ideal measurements of 'beauty queens' and film actresses, often put themselves through unbelievable tortures, to be at least a little bit like their idol."<sup>68</sup> Similar concerns were raised in an article in 1971.<sup>69</sup> However, it was not until the mid-1970s that these concerns were raised more frequently in the press.<sup>70</sup> From this point on, it was not only the popular press which was utilised to make East Germans aware of the dangers of "unnecessary" dieting among this section of the population. In 1978, the German Hygiene Museum produced a healthy-eating film aimed at teenagers. Entitled "Healthy Nutrition For Those Aged 16-20", this film pointed out that "all those aged between 16 and 20, particularly girls, are fully aware that skipping meals and even forcible *Hungerkuren* are not the exception, rather they are unfortunately a part of everyday behaviour."<sup>71</sup> The film went on to warn of the health risks, such as gastritis, involved in such action. As well as through the press and health propaganda films, this message was also relayed to schoolgirls by medics from the Charité Hospital in East Berlin, who were invited into schools to discuss issues of dieting with teenage girls.<sup>72</sup>

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<sup>68</sup> Hagel, "'Hungerkünstlerinnen' schaden sich", *Berliner Zeitung*, 17.5.1959.

<sup>69</sup> See "Sind unsere Mädchen richtig ernährt?", *Freiheit*, 22.10.1971.

<sup>70</sup> For example, see "Brauchen Schulkinder ein 1. und 2. Frühstück", *Berliner Zeitung*, 4.9.1976; "Die gute Figur", *Junge Welt*, 23.8.1977; "Schwergewichtige haben es oft schwer", *Neue Zeit*, 28.2.1980; "Wächst mit dem Kind der Appetit?", *Wochenpost*, 33, 13.08.1982; "Welche Kost wirkt auf die Dauer?", *Wochenreport*, 2.10.1987.

<sup>71</sup> *Gesunde Ernährung im Alter von 16 – 20 Jahre* (1978). Part of the DHMD Arch collection.

<sup>72</sup> This point was revealed in the interview conducted on 27<sup>th</sup> August 2010 with Klaus-Jürgen Neumärker.

By the late 1980s, some press articles were addressing the topic of anorexia nervosa. The way in which these articles discussed this topic will be explored in more detail in chapter five. However, it is worth noting here that at least one of them drew an explicit link between the trend for dieting among girls and the development of anorexia nervosa. In 1988, *Junge Welt* published an article which stated:

Many young girls dream of a mannequin figure. As long as they then eat a balanced diet in a calorie-conscious fashion, there is nothing to be said against it. However some go over board (*übertreiben*). They do not only reduce their nutrition, they also make themselves sick after meals. These are frequently the first signs of a so-called psychogenic *Magersucht* (Anorexia nervosa).<sup>73</sup>

However, unlike in the West at this time, there was no significant discussion in the East German press of either anorexia nervosa or of the link between this “eating disorder” and popular dieting practices.

The concerns which led to the increased propagation of warnings about “unnecessary” and “extreme” dieting had been raised by the results of a number of studies into the eating and dieting behaviours of the population. For example, in 1974 a study by the Central Institute for Youth Research showed that girls and young women claimed more often than boys and young men to always pay attention to the calorie content of foods. This, the report asserted, was linked to its other finding: the pronounced wish among girls and young women to lose weight – even among those who were considered to be of “normal weight”.<sup>74</sup> In contrast to male youngsters, who tended to want to either put on or maintain weight, female youngsters with “normal weight” were much more likely than their male counterparts to claim that they wanted to lose weight. Seventy per cent of all the youngsters in this study

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<sup>73</sup> “Der Figur zuliebe extrem hungern?”, *Junge Welt*, 3.9.1988. The author of the article put the term “anorexia nervosa” in brackets after the German term *Magersucht*. A possible reference to anorexia nervosa was also made in a 1989 weight-loss guide published by the German Hygiene Museum. It noted that “extreme *Hungerkuren*” had led to deaths. It is highly possible that this was a reference to deaths from anorexia nervosa. However, no explicit reference to the “disease” was made. See *Zurück zur Figur* (DHDM, 1989), 4.

<sup>74</sup> SAPMO-BArch DC4/2100, *Jugend und Gesundheit. Forschungsbericht*. Zentralinstitut für Jugendforschung, Leipzig, Mai/Juni 1974, 76.



claimed they took steps to maintain or achieve their “normal weight”. However, female youngsters claimed this much more frequently than boys and young men.<sup>75</sup> These findings were also presented in another report by the Central Institute for Youth Research issued the following year.<sup>76</sup>

Similar reports were issued by the Central Institute for Youth Research during the 1980s. For example, a 1984 investigation into the “health habits” of Leipzig schoolchildren in classes seven to ten reported that “it is not a rare occurrence that the girls engage in an inappropriate slimming fast (*ein unangebrachtes Schlankheitsfasten*) – even when they are of normal weight.”<sup>77</sup> This, it suggested, was the reason that girls ate breakfast and an evening meal less frequently than did boys.<sup>78</sup> Another study which suggested that girls were more preoccupied than boys by issues of body weight and that they felt greater pressure to conform to a slim body ideal was carried out by the Central Institute for Nutrition in 1985. This study found that among twelve year old schoolchildren, 9% more girls than boys judged their body weight to be too high. Among sixteen year olds this difference rose to 25%. Furthermore, of the boys who thought they were “normal weight”, 8% wanted to change their weight; of their female counterparts, 21% wanted to do this. Furthermore, while 13% of the boys who judged their weight as being too high were happy to maintain this weight, only one girl claimed to be happy with her “excess” weight.<sup>79</sup> Similar findings emerged from a study conducted with seventy six pupils in years seven to ten in a school in East Berlin (Prenzlauer Berg) in 1990. Using a questionnaire based on the Eating Attitudes Test and the Eating Disorder Inventory, this study found that 44% of the girls but only 4% of the boys considered themselves to have problems with their body weight. This meant that far more of the girls than

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<sup>75</sup> *Ibid.*, 80-81.

<sup>76</sup> SAPMO-BArch DC4/234, *Forschungsbericht: Zu Fragen der sozialistischen Persönlichkeitsentwicklung von Mädchen und jungen Frauen in der DDR (Frauenstudie)*, Zentralinstitut für Jugendforschung, Leipzig, Juli 1975, 60.

<sup>77</sup> SAPMO-BArch DC4/736, M. Reißig, *Kurzbericht: Zum Gesundheitsverhalten Leipziger Schüler 7. – 10. Klassen*, Zentralinstitut für Jugendforschung, Leipzig, November 1984, 5.

<sup>78</sup> *Ibid.*, 9 & 13.

<sup>79</sup> DiFE Arch, Kasten 28, *Komplexe Analyse zur Ernährung und zum Ernährungsverhalten bei Schulkindern (Langzeitstudie)*, Akademie der Wissenschaften der DDR Zentralinstitut für Ernährung Bergholz-Rehbrücke, 09/1985, 79.

the boys were preoccupied with issues such as dissatisfaction with their body, the desire for a slim figure and efforts to diet.<sup>80</sup>

Other studies suggested that by the mid-1980s there had been an intensification of dieting behaviours among East German schoolgirls. This was baldly stated in one report from 1985:

No small number of girls show a tendency towards slim-line fasting (*Schlankheitsfasten*). This has clearly intensified in the last decade, as is shown by comparisons between the average body weights of thirteen to sixteen year old girls.<sup>81</sup>

The body weight comparisons to which this report referred were those made in a study which had been reported on the previous year. This study had compared the average height and weight of Leipzig school children in 1980 with those of Leipzig school children from 1970. The results had shown that the 14, 15 and 16 year old girls, but not boys, in 1980 weighed on average 1kg less than their counterparts in 1970, despite also being taller.<sup>82</sup>

Schoolgirls were not the only section of the population to be highlighted by these studies as particularly active dieters. A report, which appears to have been produced in the late 1970s, found that female students were the only section of the study-population with an average body weight under the "ideal" weight. Whereas the average female student weighed 1.5kg less than the "ideal" weight, their male counterparts weighed 8kg too much.<sup>83</sup> Concerns about dieting among female students were subsequently raised in a presentation delivered in 1986 to the

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<sup>80</sup> J. Hein, K.-J. Neumärker and U. Neumärker, "Untersuchungen zum Eßverhalten in einer unselektierten Schülerpopulation der 7. bis 10. Klasse einer Berliner Schule", *Zeitschrift für Kinder-Jugendpsychiatrie und Psychotherapie*, 26, 1998, 21-33.

<sup>81</sup> SAPMO-BArch DC4/287, Gesamtbericht zur Sekundäranalyse. Geschlechtstypische Einstellungen und Verhaltensweisen Jugendlicher. Teil II: Bereich Lebensbedingungen, Kultur und Freizeit. Zentral Institut für Jugendforschung, Leipzig, November 1985, 9.

<sup>82</sup> SAPMO-BArch DC4/736, M. Reißig, *Kurzbericht: Zum Gesundheitsverhalten Leipziger Schüler 7. – 10. Klassen*, Zentralinstitut für Jugendforschung, Leipzig, November 1984, 9 and 14.

<sup>83</sup> SAPMO-BArch DC4/650, *Hauptergebnisse des Forschungsvorhabens "Das Verhältnis Jugendlicher zu Körperkultur und Sport sowie Formen, Bedingungen und Probleme seiner Realisierung"*. *Zwischenbericht*. Undated but appears to be from the late 1970s.

National Committee for Health Education's working group for nutrition, in which Professor Scharfschwert noted that "among female students, even among those who are underweight, there prevails a striving towards weight loss for reasons of fashion."<sup>84</sup> Furthermore, as suggested by yet another report, female students were not the only group within the 16 to 35 year age range who displayed a tendency to being "underweight". Female *Angestellten* (white-collar workers) and female *Intelligenz* (members of the intelligentsia) also displayed this tendency.<sup>85</sup> Conversely, the group containing the highest percentage of "overweight" people was the male *Intelligenz*, followed by the male *Angestellten* and the female blue-collar workers.<sup>86</sup> These reports suggest that dieting behaviours and practices were affected not only by gender but also by levels of education and types of employment. Possible explanations for this will be discussed later in the chapter.

Rather than advancing complex sociological explanations for the apparently widespread phenomenon of "unnecessary" dieting among East German girls and women in the 1970s and 1980s, many of the reports and press articles addressing this topic simply attributed the phenomenon to "fashion". According to this argument, East German girls and women were driven to pursue a slim figure because that is what the dictates of fashion demanded. While not accepting this as a full explanation, these claims about the role of fashion in driving part of the GDR's dieting culture certainly raise questions about East German fashion ideals in relation to the female body. It has already been shown in the previous chapter that East German health propaganda equated the "normal-weight" body (male and female) with "attractiveness" and the "overweight" body with "unattractiveness". But what other messages were East German girls and women receiving about how their bodies should look and how did these messages differ from those aimed at men?

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<sup>84</sup> SAPMO-BArch DQ113/105, "Nutrition among Students" – a paper delivered at the 2. Symposium "Ernährung – Gesundheit – Genuß: Praxis und Wissenschaft" der Arbeitsgruppe Ernährung beim Nationalen Komitee für Gesundheitserziehung. Karl-Marx-Stadt, November 1986.

<sup>85</sup> The term "*Intelligenz*" is translated as "intelligentsia" but in the GDR this was a much broader term than in the English-speaking world. It included not only the cultural intelligentsia, such as poets and writers, but also members of the professions, such as medics and engineers.

<sup>86</sup> SAPMO-BArch DC4/738d, *Zum Gesundheitsverhalten Jugendlicher: Ernährungsverhalten und Genußmittelkonsum*, Zentralinstitut für Jugendforschung, Leipzig, September 1988, 5.

***Representations of the Female Body in Fashion Articles in the Women's Magazines,  
Die Frau von heute and Für Dich***

It has been demonstrated elsewhere that there were attempts in the GDR to create a “socialist” conception of fashion which, in contrast to fashion in the capitalist West, did not fixate only on the slender female body but was inclusive of “stronger” (*starker* – German euphemism for larger) female bodies.<sup>87</sup> One of the ways in which the authorities sought to achieve this goal was through the publication of fashion articles which focused on fashion for the “stronger” female figure. With titles such as “For the stronger and older lady” (1947), “Fashion for Chubbies” (1958), “Are there bathing suits for Chubbies?” (1969), “Chosen for Chubbies” (1976) and “Fat – and still chic?” (1986), these articles attempted to promote the idea that “stronger” female bodies could be fashionable.<sup>88</sup> Thus, on the face of it, these articles appear to have been well intentioned and to have aimed at inclusivity. However, despite the outward appearance of championing the larger woman, these articles served to bolster the idea of a normative slender body and to promote a sense of shame about the “fat” body.

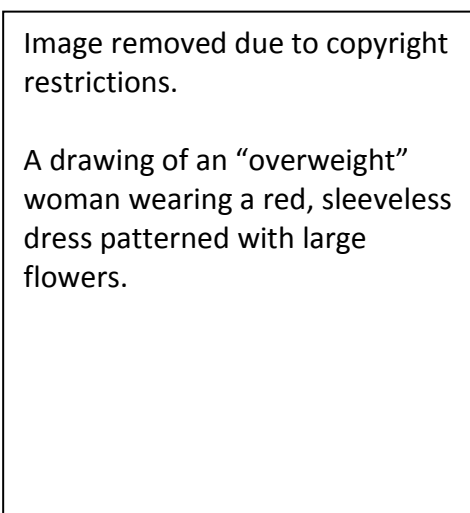
By their very existence, fashion articles specifically for “stronger” women differentiated these women from their “normal-sized” counterparts, who were able to consult the regular fashion articles. Furthermore, these special articles did not celebrate the larger body, rather they encouraged “stronger” readers to create optical illusions so that their bodies would look as slim as possible. For example, the October 1957 issue of *Die Frau von heute* contained an article entitled “Stripes make you slim”, and in January 1965, *Für Dich* readers were informed in an article entitled “What makes you slim?” that although there was no “wonder-recipe” which could create a gracious appearance out of a round figure, “stronger” women could help

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<sup>87</sup> Judd Stitzel, “On the Seam between Socialism and Capitalism: East German Fashion Shows”, in David Crew (ed.), *Consuming Germany in the Cold War* (Oxford and New York, Berg, 2003), 51-85. See also Judd Stitzel, *Fashioning Socialism: Clothing, Politics and Consumer Culture in East Germany* (Oxford and New York: Berg, 2005).

<sup>88</sup> “Für die stärkere und die ältere Dame”, *Die Frau von heute*, 17, 1947, 22; “Modisches für Mollige”, *Die Frau von heute*, 16, 1958, 8-9; “Gibt es Badeanzüge für Mollige?”, *Für Dich*, 27, 1969, 42; “Für Mollige ausgewählt”, *Für Dich*, 44, 1976, 33-37; “Dick – und doch schick?”, *Für Dich*, 40, 1986, 44.

themselves by avoiding certain fashion items, such as wide belts, high collars and wide coats.<sup>89</sup> Ten years later, in 1975, “fuller-figured” *Für Dich* readers were still being warned of the importance of avoiding wide belts: “Chubby (*mollige*) women can look good in dresses with shirt collars (*Hemdblusenkleider*) if the material has a small pattern and it is worn with a narrow belt.”<sup>90</sup> The necessity of choosing clothes with the appropriate cloth pattern for your body type was flagged up in another article later in 1975. This article, entitled “Which pattern for whom?”, informed readers that only tall, slim women should wear clothes with large, decorative patterns. The article was accompanied by an illustration which clearly poked fun at “overweight” women who chose “inappropriately” patterned clothes (see *figure 24*).<sup>91</sup> However, it must also be noted that it was not only “stronger” readers who were told to choose clothing which was appropriate to their body shape and to create optical illusions. Although these messages were directed most frequently at “stronger” readers, all East German women were the subjects of such directives. For example, tall women were told not to wear vertical stripes, and slim women with small breasts were told to choose clothes which created the illusion of a larger bust.<sup>92</sup>



**Figure 24:** *Für Dich*, 1975

<sup>89</sup> “Streifen machen schlank”, *Die Frau von heute*, 41, 1957, 15; “Was macht schlank?”, *Für Dich*, 3, 1965, 42-46.

<sup>90</sup> *Für Dich*, 5, 1975, 36.

<sup>91</sup> “Welches Stoffmuster für wen?”, *Für Dich*, 10, 1975, 41.

<sup>92</sup> For example, see “Modelinie berät Sie über Lange Hose und Pullover”, *Für Dich*, 3, 1970, 41.

By suggesting that “larger” women needed to make their bodies look slim through the creation of optical illusions, many fashion articles suggested that the “fat” body was unfashionable. Some of the articles also suggested that the “fat” body was not only unfashionable but also “unsightly” and should therefore be covered up and hidden as much as possible. This message was particularly stark in those articles which focused on summer fashions. For example, in June 1949 readers were told that if their figure was no longer “youthfully toned”, they should avoid choosing a bikini.<sup>93</sup> The same message was being given in 1964 when “young, slim, well-formed” readers were given the good news that they could wear tiny bikinis, whereas those who were no longer so slim should only wear one-piece bathing suits.<sup>94</sup> However, in June 1973 it was finally time for some good news for the “larger” ladies. Together with the People’s Knitware Company of Oberlungwitz, Professor Dr Hackenberg, Chairman of the Section for Clothing-Medicine of the Society for General and Communal Hygiene of the GDR (*Sektion Bekleidungsmedizin der Gesellschaft für Allgemeine und Kommunale Hygiene der DDR*), had developed a new direction in bathing-wear: a collection of swimming costumes and bikinis for women with “figure problems”.<sup>95</sup> Readers were given a sneak-preview of one of these fabulous new innovations, which would first appear at the Leipzig Spring Fair that year (see *figure 25*). It is interesting to note that the editors of *Für Dich* chose to publish a picture of a (slightly) larger model wearing a one-piece bathing suit, rather than a bikini. Perhaps publishing a picture of such a model revealing a less than toned midriff was deemed too unsavoury. It is notable that photographs of women modelling bikinis tended to show only super-slim models (see *figures 26 and 27*).<sup>96</sup> Indeed, East German fashion models in the pages of *Die Frau von heute* and subsequently in *Für Dich* were almost always slim. Even the models used to illustrate the articles aimed at “stronger”

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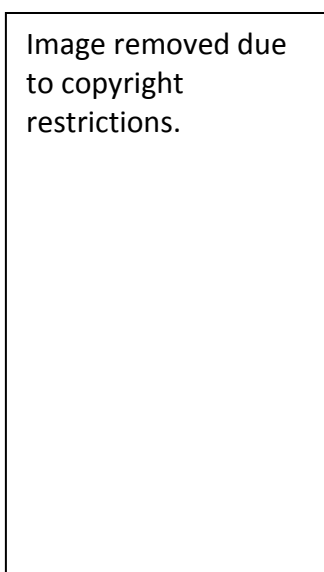
<sup>93</sup> “Für die Bademode kein ‘New Look’”, *Die Frau von heute*, 11, 1949, 28.

<sup>94</sup> “Vom Schwimm-Kostüm zum Bikini”, *Für Dich*, 22, 1964, 43-47.

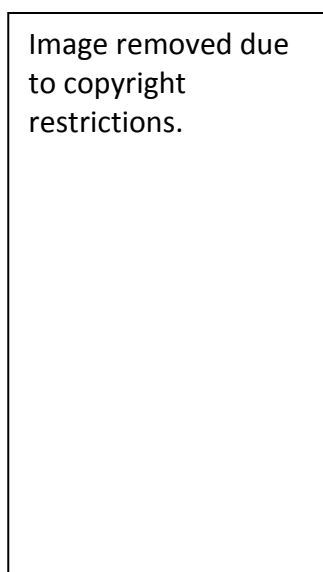
<sup>95</sup> “Badeanzüge für mollige Frauen”, *Für Dich*, 26, 1973, 18.

<sup>96</sup> Images taken from “Maschen-Boutique”, *Für Dich*, 16, 1971, 33-37; and “Zum Selbermachen: Sonnenbikini”, *Für Dich*, 26, 1979, 44-45.

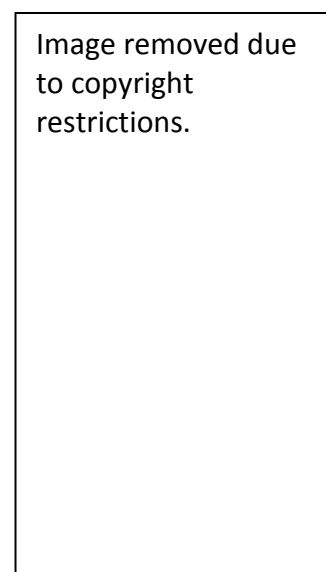
readers were often slim (see *figures 28 and 29*).<sup>97</sup> Only in comparison to the regular super-slim models, could they be judged to be *mollig* (chubby).



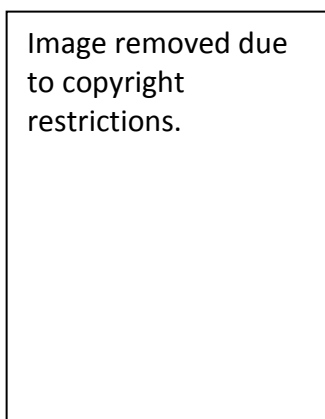
**Figure 25:** *Für Dich*, 1973



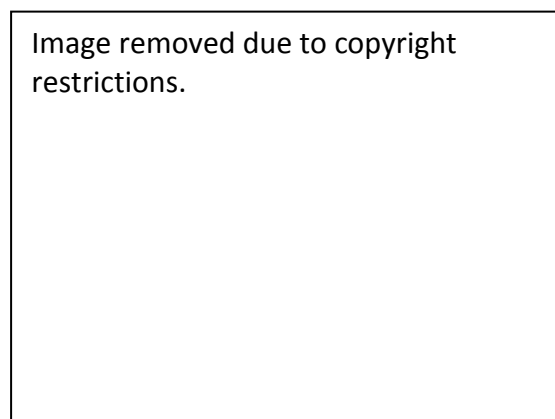
**Figure 26:** *Für Dich*, 1971



**Figure 27:** *Für Dich*, 1979



**Figure 28:** *Für Dich*, 1973

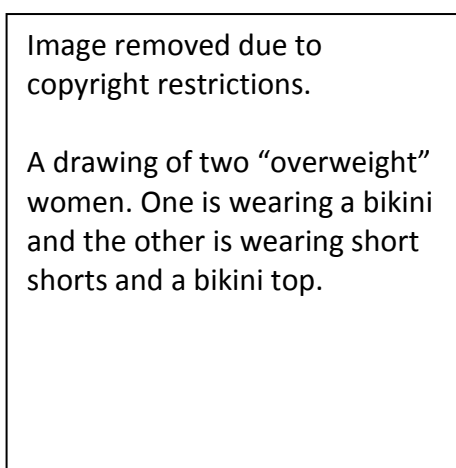


**Figure 29:** *Für Dich*, 1982

Fashion articles made clear that it was not only saggy midriffs which needed to be hidden. Fat thighs and wobbly upper-arms were also not to be allowed to see the light of day. The text accompanying a 1956 illustration (see *figure 30*) poking fun at larger women who were foolish enough to wear either a bikini or short shorts reads: “That is unbecoming. Chubby women (*mollige Frauen*) must wear shorts which are longer and wider. Much more attractive than two-piece bathing costumes are

<sup>97</sup> Images taken from “Für Mollige”, *Für Dich*, 3, 1973, 33-37; and “Was Molligen am besten steht”, *Für Dich*, 4, 1982, 33-37.

swimming costumes with small skirts because they are less revealing. Also pay attention to colours and patterns!”<sup>98</sup> Articles such as “For sunny days” (1968) and “Varied correctly according to figure” (1979) suggest hiding fat upper-arms with long-sleeves.<sup>99</sup> Unspecified lumps and bulges were also to be hidden and womanly features, such as large hips to be minimised.<sup>100</sup> The *Kleine Enzyklopädie die Frau* even suggested that corpulent women buy that classic item of clothing so closely associated with the upper classes of the nineteenth century: the corset.<sup>101</sup> Other pieces suggested that not only should certain body parts be hidden but that “fat” women should dress in such a way that attention would not be drawn to their bodies at all. For example, an article entitled “That makes you slim” (1967) advised “larger” women to wear longer skirts in muted colours. The implication here is that larger women should not make themselves stand out any more than they do already.<sup>102</sup>



**Figure 30:** *Die Frau von heute*, 1956

Very occasionally, articles discussing men’s fashion appeared in the pages of *Die Frau von heute* and *Für Dich*. Like their female counterparts, the male models in these articles were slim. The use of slim male fashion models reinforced the message of

<sup>98</sup> “Gute Tips für den Urlaub”, *Die Frau von heute*, 26, 1956, 11.

<sup>99</sup> “Für sonnige Tage”, *Für Dich*, 25, 1968, 43-47; “Figurgerecht variiert”, *Für Dich*, 41, 1979, 33-37.

<sup>100</sup> For example, an article in *Für Dich* in 1985, entitled “Ein wenig runder...” gave tips on how to hide “uneven patches” (*unebene Stellen*) and how to make hips look slimmer.

<sup>101</sup> Irene Uhlmann (ed.), *Kleine Enzyklopädie die Frau* (Leipzig: VEB Bibliographisches Institut, 1976), 678.

<sup>102</sup> “Das macht schlank”, *Für Dich*, 3, 1967, 43-47.



healthy-eating campaigns that the “normal-weight” body was a pre-requisite for male attractiveness. Therefore, a certain amount of cultural pressure to be slim was also brought to bear on East German men. However, the absence of a male equivalent of the women’s magazines *Die Frau von heute* and *Für Dich* meant that the propagation of this pressure was not as strong as that aimed at women. The pages of women’s magazines reflected the continued existence of the traditional notion that women, more than men, should be interested in fashion and conform to its dictates. The double standards regarding expectations to conform to the fashionable body ideal were satirised well by a cartoon in *Für Dich* in 1987 (see *figure 31*). The same sentiment had been expressed three decades earlier by an illustration (see *figure 32*) accompanying an article in which the female author reflected on how men, unlike women, did not have to worry about their figures because they would be loved regardless of their body shape.<sup>103</sup>

Image removed due to copyright restrictions.

A drawing of two men on a beach. Both have large, protruding stomachs. The caption reads “A woman must certainly have a pretty little figure”.

**Figure 31:** “A woman must certainly have a pretty little figure”, *Für Dich*, 1987

<sup>103</sup> “Schlanke Linie mit dickem Fragezeichen: Eine melancholische Betrachtung von Berta Waterstradt”, *Das Magazin*, September 1956, 56-57. Whether intended or not, this illustration crudely reflects the gender demographics of the GDR in the 1950s. Due to the large numbers of men who had been killed in the Second World War or who had fled to the West, there were significantly more women than men living in the GDR at this time. This meant that competition to “catch” a man was indeed stiff!

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copyright restrictions.

A drawing of an  
“overweight” man  
receiving the loving  
attentions of two slim  
women.

**Figure 32:** *Das Magazin*, 1956

In short, the fashion articles in the East German women’s magazines, *Die Frau von heute* and *Für Dich*, presented a clear underlying message to girls and women in the GDR: if you want to be able to wear the full range of fashionable clothes and accessories, you need to be slim. If you are not slim, your choice of fashions will be restricted.<sup>104</sup> Furthermore, you run risk of looking ridiculous, if you make the wrong clothing choice. Thus, it is better to be slim than “strong”. Just as in the West, the female body ideal in the GDR emphasised slenderness and stigmatised fullness, albeit in often more subtle ways. The celebration of the “slender” body and the stigmatisation of the “fat” body in the pages of women’s magazines served not only to reinforce the messages of the healthy eating campaigns but also to exert extra pressure on women, more than men, to strive for a slim, fashionable body.

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<sup>104</sup> Fashion choices for “stronger” East German women were not only restricted because fashion advice told them that there were only certain types of clothing which they should wear but also because it was often difficult to find “fashionable” clothes in larger sizes in East German shops. This issue was addressed in a series in *Für Dich* in 1972 entitled “Stoßseufzer von Millionen Frauen: Ich bin leider eine Mollige” (see *Für Dich*, 4, 1972, 12-15; and *Für Dich*, 9, 1972, 12-14). In response to this series, *Für Dich* received many letters from readers who were enraged by the shortage of “fashionable” clothes in larger sizes. *Für Dich* published a number of these letters in an article entitled “Lebhaftes Echo auf ich bin leider eine Mollige”, *Für Dich*, 11, 1972, 32. See also Stitzel, “On the Seam between Socialism and Capitalism”; and Stitzel, *Fashioning Socialism*.

### ***More complicated than fashion?***

An exploration of representations of women's bodies in the magazines *Die Frau von heute* and *Für Dich* reveals that East German girls and women received strong cultural messages that a "slim" figure was fashionable and an "overweight" body was unfashionable. They also received messages that, as girls and women, they were expected to be as attractive and as fashionable as possible, even if this meant creating optical illusions. It is feasible, therefore, that, as suggested by many of the reports and articles about "inappropriate" dieting, girls' and women's dieting practices were driven by cultural messages about how to be "fashionable" and "attractive". However, this explanation risks presenting East German girls and women as dupes, who simply followed the dictates of fashion. It fails to consider, other than in a very superficial way, how the society's gender structures might have created a discursive context in which dieting practices became a particularly important "technology of the self" for many girls and women in the GDR. Furthermore, it also fails to explain the apparent class differences in dieting behaviours and practices.

A number of the reports discussed above suggested that dieting practices were influenced by the intersection of gender and class. Although in official rhetoric the GDR was a classless society, the reports suggested that women, who in western societies would, by virtue of their high level of education or their type of employment, have belonged to the middle classes, tended to be slimmer than men of all "classes" and blue-collar women. These findings echo surveys conducted in the USA between 1971 and 1974 and in the United Kingdom between 1986 and 1987. These western surveys found that affluent, educated women had lower BMI scores than men, poor women and women with little education.<sup>105</sup> This could suggest that despite very different social, economic and political systems, the intersection of gender and class operated in similar ways either side of the Iron Curtain in the realm of eating and dieting practices.

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<sup>105</sup> See Anver Offer, "Body Weight and Self-Control in the United States and Britain since the 1950s", *Social History of Medicine*, 14, 2001, 79-106.

Much has been written about the “cult of slenderness” in western societies and many theories have been advanced to explain its tenacious grip on the lives of women in the twentieth and twenty-first centuries. These theories have focused on a range of cultural ideas and social processes, such as dominant beauty ideals and the rise of powerful dieting and advertising industries. This chapter and the previous one have shown that, as in the West, health discourses and beauty ideals in the GDR also prescribed female slenderness and that, although this ideal was not promoted by commercial industries, there were strong social and cultural imperatives for East German women to retain or regain a slim figure. But why, as in the West, was it well-educated, white-collar women who seem to have been particularly successful at maintaining a slim figure?

It is impossible to answer this question definitively. However, any attempt must consider the role of gender and class. The importance of gender is suggested by the fact that female students and white-collar women were slimmer than their male counterparts. This suggests that these women were slim because they were deliberately trying to maintain a slender body. It was not simply a matter of the types of food they had access to or of “class-typical”, “healthy” eating habits. What, then, was motivating them, more than their male counterparts, to maintain a slender, even “underweight”, body?

Feminist philosopher Susan Bordo has argued that in western societies the slender female body serves as the locus where “the traditional construction of femininity intersects with the new requirement for women to embody the ‘masculine’ values of the public arena.”<sup>106</sup> Here she is asserting the argument that many women desire to be slim not only because a slender body fulfils dominant female beauty ideals but also because it symbolises highly prized values, such as self-control and self-discipline, which in western capitalist societies are coded as “masculine”. According to this feminist argument, women perceive that their success in the public arena of

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<sup>106</sup> Susan Bordo, *Unbearable Weight: Feminism, Western Culture and the Body* (Berkeley and Los Angeles: University of California, 1993), 173.

education and the work-place will be made easier if they embody these values. Thus, the social value of slenderness lies not only in its commensurability with dominant ideals of beauty and fashion but also in its ability to act as a symbol of self-control and self-discipline.<sup>107</sup>

This then raises the question of the extent to which it is legitimate to apply this argument to the GDR. This chapter and the previous one have shown that the values of self-control and self-discipline were highly prized and promoted by health and dieting discourses in the GDR. They have also shown that these values were associated with a slim body. Furthermore, the slender body was strongly associated with female attractiveness. However, despite these similarities with western values and ideals, the SED also liked to distinguish the GDR from western societies with reference to its policy of sexual equality (*Gleichberechtigung*) and the high numbers of women in education and employment.<sup>108</sup> One might therefore assume that in such a context women were accepted as social equals in public and in private. If this were the case, there would be no need for East German women to use their bodies to symbolise certain values, such as self-control and self-discipline, any more than East German men would need to do this.

However, as has already been suggested, despite official rhetoric about *Gleichberechtigung*, sexual equality remained elusive in the GDR. Although women did undoubtedly benefit from many aspects of state-socialism, such as state-run childcare, the East German system also displayed the inherent sexism and double-standards typical of a patriarchal society in which almost all key positions in politics, industry and the professions were occupied by men.<sup>109</sup> Women continued to be

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<sup>107</sup> This argument is put forward by some social psychologists. See, for example, R. I. Stein and C. J. Nemeroff, "Moral Overtones of Food: Judgements of Others Based on What they Eat", *Personality and Social Psychology*, 21, 1995, 480-490; and P. Pliner and S. Chaiken, "Eating, Social Motives and Self-Presentation in Women and Men", *Journal of Experimental Social Psychology*, 26, 1990, 240-254. Cited in Offer, "Body Weight and Self-Control", 96.

<sup>108</sup> In the mid-1980s, women constituted 50% of all students in higher education. In 1989 around 90% of East German women were employed outside of the home. See Rachel Alsop, *A Reversal of Fortunes? Women, Work and Change in East Germany* (New York and Oxford: Berghahn, 2000), 30-34.

<sup>109</sup> For some interesting statistics of women in leadership positions see Mary Fulbrook, *The People's State: East German Society from Hitler to Honecker* (New Haven and London: Yale University Press, 2005), 160-163.

positioned as the female “other” to the male “norm” and traditional expectations about sex-appropriate ways of behaving continued to be culturally embedded. According to Irene Dölling, “women were supposed to behave in a traditionally ‘female’ manner while neither ‘femininity’ in the customary sense, nor the insistence on gender difference, was recognised or honoured – women were supposed to work, think, develop their abilities ‘like men’”.<sup>110</sup> In such a context, it is feasible to argue that, as in the West, many East German women felt the need to use their bodies to prove their worth by symbolising values of self-control and self-discipline. The impetus to do this was bolstered by the prevailing beauty ideals and health propaganda which favoured the slender body.

The above explanation focuses on explaining why East German women, more than East German men, engaged in dieting practices. Explaining why educated, white-collar East German women were more successful at keeping down their weight than their less educated, blue-collar counterparts is even more problematic. Here it is again profitable to consider the operations of gender systems and their impact on women’s lives. To be sure, all East German women, regardless of the colour of their collar, faced the triple burden of paid work, housework and socio-political activities.<sup>111</sup> They also all had to deal with being positioned as the female “other” in the “masculinist” GDR. However, it is plausible to argue that women who sought to enter, or who were already employed in, highly-skilled professional jobs in typically male-dominated environs felt under greater pressure to prove themselves by

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<sup>110</sup> Irene Dölling, “Between Hope and Helplessness: Women in the GDR after the ‘Turning Point’”, *Feminist Review*, 39, 1991, 3-15, quotation from p. 13. There is a rich literature discussing the ways in which East German women continued to be positioned as the female “other” and the continuation of sexist stereotyping and systemic disadvantage which this entailed. For example see, Alsop, *A Reversal of Fortunes?*; Merkel, *...Und Du, Frau an der Werkbank*; Irene Dölling, *Der Mensch und sein Weib: Frauen- und Männerbilder. Geschichtliche Ursprünge und Perspektiven* (Berlin: Dietz Verlag, 1991); Harsch, *Revenge of the Domestic*; Dinah Dodds, “Women in East Germany: Emancipation or Exploitation?”, Elizabeth Boa and Janet Wharton (eds), *Women and the Wende: Social Effects and Cultural Reflections of the German Unification Process* (Amsterdam and Atlanta: Rodopi, 1994), 107-114; Fulbrook, *People’s State*, chapter 7. For contemporary accounts see Maxie Wander, *Guten Morgen, du Schöne: Protokolle nach Tonband* (München: Deutscher Taschenbuch Verlag, 1993; first published Berlin, 1977).

<sup>111</sup> For a discussion of the “triple burden”, see Andrew Port, *Conflict and Stability in the German Democratic Republic* (Cambridge: Cambridge University Press, 2007), 210.

embodying the values of self-control and self-discipline than did women in more manual types of jobs.

It is not easy to find irrefutable evidence to support this argument. However, East German surveys conducted in the 1980s do hint at the idea that, in comparison to their blue-collar counterparts, it was more common for white-collar East German women to perceive sex-specific disadvantages in their professional lives. For example, in 1986 the Central Institute for Youth Research conducted a survey of 2,188 men and women with an average age of twenty four. It found that 93% of female workers fully agreed with the statement that women could be successful in positions of leadership. This was significantly higher than the 85% of women within the university system (*Hochschulkader*), who also agreed with this statement. The survey revealed a similar disparity in answers to the statement “at work I feel that I am taken seriously in comparison to my equally-qualified male work colleagues”. Of the female workers, 50% fully agreed with this statement, compared to only 40% of female *Hochschulkader*.<sup>112</sup>

These findings in no way offer a definitive causal link between perceptions of sex-specific professional disadvantage and efforts to maintain a slender body. However, if they reflect real differences in the extent to which white-collar and blue-collar East German women perceived sex-specific disadvantages in their professional lives, then it could provide at least a partial explanation for differences in body weight between women in these two social groups. In this context it is feasible that more white-collar women than their blue-collar counterparts perceived the need in the professional arena to prove themselves to be as capable as their male co-workers, in order to be taken seriously and to progress in their career. One way of doing this was by embodying the values of self-control and self-discipline.

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<sup>112</sup> SAPMO-BArch, DC4/522, “Leistung und Lebensweise junger Frauen. Hauptforschungsbericht zur Studie: Leistung und Lebensweise junger Frauen in der DDR”, ZIJ, Leipzig, April 1989.

#### IV. Conclusion

By the time the Berlin Wall fell in 1989, discourses and cultures of dieting were well established in East German society. Unlike in the West, these discourses promoted in the East German media originated almost exclusively from the organs of the state, including medical and scientific professionals. This meant that, in many ways, the context in which East Germans adopted dieting practices was significantly different from that of their western counterparts. Official discourses were part of the state's drive to discipline the bodies of the population in order to create "healthy", *leistungsfähig* individuals who would strengthen the *Volksgesundheit* and not be a drain on state resources. These discourses were not promoted, as in the West, by powerful advertising and dieting industries. The absence of these industries meant that, although significant resources were devoted to the propagation of dieting discourses, the topic of dieting did not become as prominent or as all-pervasive in everyday life in the GDR as it did in the post-war West. For example, East Germans were not faced on a daily basis with giant advertising bill-boards exhibiting slim models advertising dieting products.

Nevertheless, despite these comparative differences, it is clear that a culture of dieting emerged and grew in the GDR. This was partly in response to official discourses about how to diet, and also to initiatives, such as the setting up of *Molli-Kurse*, and the introduction of dieting products, such as *Redukal*. However, warnings about "western" and "extreme" dieting methods, as well as rising concerns among the health authorities about "inappropriate" dieting in the 1970s and 1980s, demonstrate the limits of the East German state's ability to discipline and control the population. East Germans who dieted were not simply responding to state propaganda about appropriate, "socialist" ways of consuming and dieting. Rather, their behaviour was influenced by cultural, political and economic trends and structures both within and outside of the GDR.

This chapter has shown that, as in the West, there were concerns in the GDR in the 1970s and 1980s about the extent of dieting among East German girls and young



women. However, unlike in the West, there was no significant discussion in the press about connections between dieting trends and a perceived rise in rates of eating disorders, such as anorexia nervosa. Nevertheless, as shown by the article published in *Junge Welt* in 1988, the topic was not altogether ignored. The next chapter will explore the extent to which anorexia nervosa and “anorexics” were portrayed in the East German press. It will also analyse the ways in which the “disorder” was discursively constructed and treated within the East German discipline of psychiatry in the period 1949 to 1990.

## Chapter 5

### Anorexia Nervosa: Psychiatric Discourses and Treatments

This chapter explores psychiatric discourses and treatments of the eating disorder known variously as *Pubertätsmagersucht*, *Magersucht* and anorexia nervosa.<sup>1</sup> It seeks to analyse how these developed in the GDR during the period 1949 to 1990. It also assesses how these developments were influenced by: discourses and treatments from the period before 1949; socialist ideology; wider developments within East German psychiatry; and ideas originating in the West.<sup>2</sup> In the final part of the chapter, I explore how psychiatric discourses informed a newly emerging, but very limited, public discourse about anorexia nervosa in the 1980s. Ultimately, this chapter aims to demonstrate that, despite being affected by outside influences, approaches to anorexia nervosa in the GDR developed a distinctly East German character. It also argues that, as in the West, East German psychiatric discourses reproduced the gendered cultural discourses which, arguably, underpinned the production of anorexia nervosa in the first place.

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<sup>1</sup> In the course of this chapter all three terms will be used. This is because all three terms are used in the sources upon which it draws. In the English-speaking world the term anorexia nervosa triumphed in the post-war period to describe a particular form of self-starving behaviour which was typically exhibited by adolescent girls but also by adult women and, occasionally, boys and men. However, in the German-speaking lands it was semantically more complicated. A distinction was made between the manifestation of self-starving behaviour in adolescence and in adulthood. In the case of the former, the term *Pubertätsmagersucht* was usually used. In the case of the latter, either the term *Magersucht* or anorexia nervosa tended to be used. When referring to or citing from a primary source which uses just one of these terms, I have used whichever term is used in the source. Otherwise, the term anorexia nervosa is usually used.

<sup>2</sup> It is beyond the remit of this thesis to discuss in detail all “western” approaches to anorexia nervosa. In order to highlight the distinctiveness of East German approaches, this chapter will provide a brief overview of some of the key approaches to anorexia nervosa which were dominant in the West in the period 1949 to 1990. By using the term “the West”, the chapter does not assume homogeneity in approaches across all western nations. However, it does acknowledge that some key approaches, such as those advanced by Hilde Bruch in America, were widely adopted across America and western Europe.

## I. Anorexia Nervosa in German-language medical and psychiatric literature, 1873-1945

Before an investigation of the discourses and treatments of eating disorders in the GDR can be undertaken, it is necessary briefly to outline German-language medical discourses on the practice of self-starvation from the last quarter of the nineteenth century through to 1945. This will serve to contextualise the psychiatric discourses and treatments of the post-war period. Of particular interest is the reception of the disease category of anorexia nervosa within Germany after its almost simultaneous “discovery” by French psychiatrist Ernest Charles Lasègue in 1873 and English physician William Withey Gull in 1874.<sup>3</sup> What is particularly striking in the German case is that, unlike in France and Britain where there was a great deal of interest in this newly “discovered” “disease”, it was only after 1945 that anorexia nervosa received any significant attention in the German medical and psychiatric literature. Indeed, after decades of showing little interest in the disease classification, the years immediately following the end of the Second World War witnessed an upsurge of German language articles on the subject, including case descriptions.<sup>4</sup>

The new interest in anorexia nervosa in the post-war years contrasted with the situation during the interwar period when, in Germany more than in any other country, the concept of anorexia nervosa had been eclipsed by the endocrine disorder Simmonds’ Disease, as an explanation for extreme emaciation when no other cause could be discerned.<sup>5</sup> Simmonds’ Disease, also known as hypopituitarism, was first described by the German physician Morris Simmonds in 1914. He was the

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<sup>3</sup> Lasègue termed this “disease” anorexia hysterica, whereas Gull preferred the term anorexia nervosa. As Brumberg points out (*Fasting Girls*, 109) until the 1920s and 1930s, American doctors used these two terms interchangeably. As Shorter points out, the term *anorexia nervosa* only triumphed in international medical writing after 1960. See Edward Shorter, “The First Great Increase in Anorexia Nervosa”, *Journal of Social History*, 21, 1, 1987, 69-96.

<sup>4</sup> See Tilmann Habermas, “The role of psychiatric and medical traditions in the discovery and description of anorexia nervosa in France, Germany, and Italy, 1873-1918”, *The Journal of Nervous and Mental Disease*, 179, 6, 1991, 360-365; and Tilman Habermas, “In Defense of Weight Phobia as the Central Organising Motive in Anorexia Nervosa: Historical and Cultural Arguments for a Culture-Sensitive Psychological Conception”, *International Journal of Eating Disorders*, 19, 4, 1996, 317-334.

<sup>5</sup> Tilmann Habermas, “Die Anorexia nervosa (Magersucht) in der deutschsprachigen medizinischen Literatur von 1900 bis 1945: Die Rolle der Magersucht in der Entstehung der Psychosomatik”, *Sudhoffs Archiv Zeitschrift für Wissenschaftsgeschichte*, 76, 1, 1992, 37-62.

first to claim a link between emaciation and decreased functioning of the pituitary gland. This “discovery” shifted attention away from psychological explanations for emaciation and towards the role of the pituitary gland and the endocrine system. As a result of the focus on Simmonds’ Disease during the 1920s and much of the 1930s, there was little interest in the “disease” of anorexia nervosa.<sup>6</sup> Even when the psychological aspects of self-starvation began to receive more attention in the German literature at the end of the 1930s, many German medics remained convinced that such obsessions were the physiological result of disturbed endocrine systems.<sup>7</sup>

Three main reasons have been suggested for why the confusion of anorexia nervosa with Simmonds’ Disease was particularly pronounced in Germany in the interwar period.<sup>8</sup> First, the emigration and persecution of psychoanalysts in Germany from 1933 precluded the development of a psychoanalytic understanding of the condition, as developed in the USA from the 1930s.<sup>9</sup> Second, Nazi ideology impeded understanding and knowledge of anorexia nervosa because sufferers were disdained for appearing to deliberately undermine the fertility and future defence of the “Volk”. Third, unlike in Britain or France, before 1914 there had been little interest in the German-speaking lands in the concept of anorexia nervosa and so it was easier for it to be displaced by Simmonds’ Disease than it was elsewhere.

The “discovery” of anorexia nervosa in the early 1870s had prompted much debate in the British and French medical literature. However, there were very few German publications, including German translations of non-German articles, on the subject.

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<sup>6</sup> This contrasts, not only with Britain and France, but also with the United States where “clinical reports on anorexia nervosa began to appear in quantity...in the 1920s and 1930s” (Brumberg, *Fasting Girls*, 312).

<sup>7</sup> For example, Franz Krause und O. H. Müller, “Über schwere Hypophysenvorderlappeninsuffizienz und ihre Behandlung”, *Klinische Wochenschrift*, 16, 1937, 118-122. Cited in Habermas, “Die Anorexia nervosa (*Magersucht*) in der deutschsprachigen medizinischen Literatur”, 50.

<sup>8</sup> Habermas, “Die Anorexia nervosa (*Magersucht*) in der deutschsprachigen medizinischen Literatur”, 45-61.

<sup>9</sup> German-American psychotherapist Hilde Bruch notes that in the USA during the 1930s “persistent efforts were made to distinguish a psychological anorexia nervosa syndrome from the so-called Simmonds disease”. See Hilde Bruch, *Eating Disorders: Obesity, Anorexia Nervosa and the Person Within* (New York: Basic Books, 1973), 214.

Between 1874 and 1898 only around 80.5 pages were devoted to the topic in German-language publications.<sup>10</sup> Although there were a few important articles on the subject during this period they provoked little response and remained largely unnoticed at the time.<sup>11</sup> Even Freud appears to have taken little interest in the condition. Where the term *anorexia* features in his writings, it usually refers to lack of appetite, rather than to anorexia nervosa.<sup>12</sup> However, predictably, he did posit the idea that anorexia nervosa was an expression of undeveloped sexuality, an idea that was to become central to psychoanalytic approaches to anorexia nervosa from the 1930s, particularly in America.<sup>13</sup>

The general lack of interest in the condition in the nineteenth century is reflected in the fact that it is not mentioned in the leading German textbooks of psychiatry during this period. Indeed, German-speaking psychiatrists at this time tended to view self-starvation as a *symptom* of the two main neuroses of the day: hysteria and neurasthenia, rather than as a disorder in its own right. Similarly, German internists showed little interest in the “disease”. Although the term *nervous anorexia* appeared in the ninth edition (1895) of the influential German textbook of internal medicine, the *Lehrbuch der speciellen Pathologie und Therapie der inneren Krankheiten*, the syndrome was conceived of as a form of gastric disorder.<sup>14</sup> This reflects the tendency of German-speaking internists at this time to conceive of self-starvation as resulting from organic disturbances within the stomach. For example, Ernst von Leyden, an internist in Berlin, avoided use of the term *anorexia nervosa* and asserted instead

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<sup>10</sup> W. Vandereycken, T. Habermas, R. van Deth and R. Meermann, “German Publications on Anorexia Nervosa in the Nineteenth Century”, *International Journal of Eating Disorders*, 10, 4, 1991, 474.

<sup>11</sup> Examples include A. Kissel, “Ein Fall einer schweren hysterischen Anorexie (Anorexia nervosa) bei einem 11 jährigen Mädchen”, *Archiv für Kinderheilkunde*, 20, 1896, 382-388; A. Stichel, “Beitrag zur Behandlung nervöser Störungen des Verdauungstractes”, H. Gugl and A. Stichel (eds), *Neuropathologische Studien* (Stuttgart: Ferdinand Enke, 1892), 53-67; O. Sotlmann, “Anorexia cerebri und centrale Nutritionsneurosen”, in *Jahrbuch für Kinderheilkunde und physische Erziehung*, 38, 1894, 1-13.

<sup>12</sup> Vandereycken, Habermas, van Deth and Meermann, “German Publications on Anorexia Nervosa in the Nineteenth Century”, 476.

<sup>13</sup> In 1895 Freud wrote, “The famous anorexia nervosa of...young girls seems to me...to be a melancholia where sexuality is undeveloped”. Cited in Brumberg, *Fasting Girls*, 213.

<sup>14</sup> Vandereycken, Habermas, van Deth and Meermann, “German Publications on Anorexia Nervosa in the Nineteenth Century”, 486.

that patients who reduced their food intake until they reached “an extraordinary degree of emaciation” were suffering from “hypersensitivity of the stomach”.<sup>15</sup>

Therefore, although cases of self-starvation had appeared in German-language medical publications since the nineteenth century, there had been little interest in or acceptance of the “disease” of anorexia nervosa. Instead, self-starvation was more often conceived of as a symptom of other “diseases” or “disorders”, such as hysteria, neurasthenia, gastric disorder and Simmonds’ Disease, rather than as a “disease” or “disorder” in its own right. For this reason, it could be said that the history of anorexia nervosa, understood as a medically recognised and accepted “disease”, only really began in a German context after the end of the Second World War in 1945.

## II. Psychiatric Discourses and Treatments, 1945-1990

In the spring of 1948, fourteen-year old identical twin sisters Margit and Christel, who lived with their parents on the edge of Berlin in the Soviet zone of occupation, began to starve themselves. By the autumn, their condition had become so severe that both were hospitalised. However, each girl received a different form of treatment. Between September and October 1948, Margit was treated by psychiatrist Annemarie Dührssen in the Psychiatric Clinic (*Nervenlinik*) of the Charité Hospital in the Soviet zone of Berlin. Here she received depth psychological therapy. During the same period, Christel was treated in the surgical unit of the Charité, where a transplantation of the pituitary gland was carried out. These two different types of treatment are illustrative of post-war debates about the aetiology of self-starvation and emaciation in adolescent girls: was the cause primarily organic or psychological?

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<sup>15</sup> Ernst von Leyden, “Über periodisches Erbrechen (gastrische Krisen) nebst Bemerkungen über nervosa Magenaffectionen”, *Zeitschrift für klinische Medizin*, 4, 1881, 605-615. Cited in Shorter, “The First Great Increase in Anorexia Nervosa”, 75.

By the time the case of Margit and Christel was published in 1950, Germany had officially become two separate states and the psychiatrist, Dührssen, was living in West Berlin, where she was to spend the rest of her career.<sup>16</sup> The case was published in the West German journal, *Psyche*.<sup>17</sup> Here, Dührssen put forward the view that “psychogenic *Magersucht*” was simply a catastrophic intensification of a not unusual general neurotic disorder involving the suppression or disappearance of the appetite for affective reasons and often accompanied by feeling sick and vomiting. She stated that the aim of the article was to show that under the right conditions, such a psychogenic eating disorder could intensify so catastrophically that not even the minimum sustenance for sustaining life was consumed, which then led to emaciation with the possibility of death if no psychological treatment was given in good time.

In her presentation of the case of the twins, Dührssen revealed that the eating disorder appeared to have been triggered first in Christel in response to being rejected by a boy and by a bad experience at a party, and that Margit then copied Christel’s self-starving behavioural because she was envious of all of the attention that Christel was getting and because she did not like that Christel was no longer the fatter one. However, Dührssen argued that the real psychogenesis had much deeper roots: namely, within the family and the girls’ early childhoods. She identified two key problems. First, the conditions in which the children had been raised since early childhood made it impossible for them to positively identify with the female role and the destiny of a woman. The two women in the twins’ lives – the servile mother and the barely-tolerated grandmother – did not represent anything worth striving for or imitating. Furthermore, the father pushed the twins to take on “boyish” roles and activities: they were given page-boy haircuts as young children and were encouraged in their pursuit of javelin and sports (Christel) and chess and mathematics (Margit). Consequently, both girls became uncertain about their future as women and

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<sup>16</sup> Immediately after the Second World War, Annemarie Dührssen trained at the Charité to become a consultant of psychiatry and neurology. From 1949 until 1984 she worked at the Central Institute for Psychogenic Illnesses (*Zentralinstitut für psychogene Erkrankungen*) in West Berlin. She was head of this institute from 1965. Between 1976 and 1985 she also held the chair for psychosomatic medicine and psychotherapy at the Charlottenberg clinic of the Free University, Berlin. See Ulrich Rüger, “Im memoriam: Annemarie Dührssen (1916-1998)”, *Nervenarzt*, 70, 1999, 482-483.

<sup>17</sup> Annemarie Dührssen, “Zum Problem der Psychogenen Ess-Störung”, *Psyche*, 4, 1950, 56-72.

developed secret, deep-seated fears about it. They wanted to keep their child-like, “boyish” roles and worried about becoming fat and adult. The second psychogenic factor which Dührssen traced to the family was the secret competition between the sisters, in which they had always competed for their father’s love and were unable to support each other. Dührssen argued that the food-refusing behaviour of the girls represented an “oral protest” against their familial situation.

Dührssen’s conceptualisation of *Magersucht* as a form of oral protest with its roots in early childhood reveals a psychoanalytic interpretation which emphasises a psychogenic aetiology. Indeed, in 1996 Dührssen explained that by publishing the case-study she intended to “present the psychodynamic factors, which were disputed by a circle of a few physicians during those years, in as much detail as possible”.<sup>18</sup> As this statement suggests, not everyone shared her interpretation of the aetiology of anorexia nervosa. This is made clear by the reports from another psychiatrist who also treated anorexic patients in the Charité’s *Nervenlinik* during the 1940s. In 1946 and 1948 Jürg Zutt, who had been head of the *Nervenlinik* between 1939 and 1946, published articles which drew on his observations of twenty cases of *Pubertätsmagersucht* in the preceding years.<sup>19</sup> Based on his experience of these cases, he was convinced that *Pubertätsmagersucht* constituted a distinct psychiatric problem, which was characterised by bodily and psychological symptoms. Nevertheless, despite this claim, he rejected suggestions that *Pubertätsmagersucht* was psychogenic. He asserted that such an argument was put forward by researchers who were interested in psychology but who had insufficient experience of psychiatry. The mistake arose, he believed, when psychological symptoms were taken to be the cause of the illness. For example, some authors claimed that the wilfulness and defiance shown by the anorexic was a constitutional

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<sup>18</sup> Klaus-Jürgen Neumärker and Andreas Joachim Bartsch, “Perspectives of eating disorders from the Charité Hospital in Berlin”, *European Child and Adolescent Psychiatry*, 12, 2003, Supplement 1, 10.

<sup>19</sup> Between 1945 and 1946, Zutt was provisional head of the *Nervenlinik*. In 1946 he took up post as Chair of Psychiatry and Neurology at the University of Würzburg. He spent the rest of his career in West Germany. See Peter Schönknecht, *Die Bedeutung der Verstehenden Anthropologie von Jürg Zutt (1893-1980) für Theorie und Praxis der Psychiatrie* (Würzburg: Königshausen & Neumann, 1999). The articles referred to are: J. Zutt, “Psychiatrische Betrachtungen zur *Pubertätsmagersucht*”, *Klinische Wochenschrift*, October 1946, 21-24; J. Zutt, “Das psychiatrische Krankheitsbild der *Pubertätsmagersucht*”, *Archiv für Psychiatrie und Nervenkrankheiten*, 1948, 776-849.



peculiarity from which the illness developed as a reaction to experiences, such as teasing. However, according to Zutt, this wilfulness and defiance was, in fact, a symptom of the disease. Rather than attributing *Pubertätsmagersucht* to a psychogenic origin, he believed that its origins were organic. Specifically, he viewed it as a vegetative-endocrine disorder (*vegetativ-endokrine Störung*). Although he did not equate *Pubertätsmagersucht* with Simmonds' Disease, he believed that there were sufficient grounds for taking the view that the adeno-pituitary gland was of central importance in *Pubertätsmagersucht*.

Not only do these early post-war articles by Dührssen and Zutt exemplify key differences in theories about the aetiology of anorexia nervosa, they also exemplify key differences in therapeutic approaches. While Dührssen advocated a psychodynamic approach, Zutt's articles focused on somatic methods, such as force-feeding and, in exceptional circumstances, lobotomy. However, although both Dührssen and Zutt had treated cases of anorexia nervosa in the *Nervenlinik* of the Charité, which lay in the Soviet sector of Berlin, neither of them settled in the GDR after the state's foundation in 1949. Moreover, none of the articles discussed so far were published in specifically East German journals. The aetiological theories and therapeutic approaches presented in these articles illustrate the pre-GDR context from which East German theories and approaches later developed. However, it is impossible to understand the development of these theories and approaches within East Germany after 1949 without also understanding the key concepts and developments which shaped the discipline of psychiatry in the GDR over the forty year period of the state's existence.

### ***Psychiatry in the GDR: Key Concepts and Developments***

Beginning in the 1950s, the disciplines of psychology and psychiatry in East Germany became thoroughly "sovietised". This meant adopting socialist conceptions of human development. In keeping with Marxist-Leninist ideas about dialectical and historical materialism, personalities and psychological processes were understood to be determined by a combination of biology and society, rather than being ahistorical

and innate. There was also an emphasis on the rational and the conscious, rather than on the irrational and the unconscious.<sup>20</sup> These socialist conceptions of human nature impacted on the theoretical and therapeutic approaches which could be advocated and practiced by East German psychiatrists.

A key part of the “sovietisation” of East German psychiatry in the 1950s was the forced orientation towards the ideas of Soviet scientist Ivan Pavlov and away from the ideas of Sigmund Freud. In the Soviet Union, Freudian psychoanalysis had been largely eliminated in the late 1920s. It was seen as an unscientific, bourgeois ideology, whose emphasis on the unconscious was incompatible with Marx’s principle that consciousness is existence and that humans create themselves through their labour and within a specific social context. In contrast to the “idealist” theories of Freud and psychoanalysis were the “materialist” theories of Pavlov. Pavlov’s work on the complex interrelations between an organism and its environment and the role he ascribed to the cerebral cortex fitted in well with the Marxist-Leninist principle of dialectical materialism.<sup>21</sup> Thus, the early 1950s saw the “Pavlovianisation” of Soviet physiology, medicine and psychology. This process began in 1950 with a “Pavlov conference” in Moscow, jointly sponsored by the Soviet Academy of Sciences and the Academy of Medical Sciences.<sup>22</sup>

In the wake of the “Pavlov conference” in the Soviet Union, East Germany’s SED initiated a “Pavlov Campaign” in order to “sovietise” the sciences in the GDR.<sup>23</sup> Indeed, the GDR held its own “Pavlov Congress” in Leipzig in 1953.<sup>24</sup> Running

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<sup>20</sup> See Christine Leuenberger, “Socialist Psychotherapy and its Dissidents”, *Journal of the History of Behavioural Sciences*, 37, 3, 2001, 261-273.

<sup>21</sup> In his work on conditioned reflexes, Pavlov linked the functional activity of an organism to its environment. He viewed the cerebral cortex as the site of union between organism and environment. He argued that environmental stimuli, received by the cerebral cortex, could alter behaviour. In this way, his work supported the view that behaviour was the result of materialist determinants.

<sup>22</sup> See Martin A. Miller, *Freud and the Bolsheviks: Psychoanalysis in Imperial Russia and the Soviet Union* (Yale University Press: New Haven and London, 1998); Albert R. Gilgen and Carol K. Gilgen, “Historical Background, Analytical Overview and Glossary”, in Vera A. Koltsova, Yuri N. Oleinik, Albert R. Gilgen and Carol K. Gilgen, *Post-Soviet Perspectives on Russian Psychology* (Greenwood Press: Westport and London, 1996), 3-52.

<sup>23</sup> Michael Geyer (ed.), *Psychotherapie in Ostdeutschland: Geschichte und Geschichten 1945-1995* (Göttingen: Vandenhoeck & Ruprecht, 2011), 91.

<sup>24</sup> *Ibid.*, 632.

alongside this “Pavlov Campaign” was the condemnation of psychoanalysis as a “late bourgeois ideology of imperialism”. As in the Soviet Union, psychoanalytic thinking was perceived by the East German authorities to be subversive and in need of suppression. As a result, terms such as “unconscious” and “psychoanalytic” were rarely used in official proceedings and publications. Furthermore, Freudian psychoanalysis was not taught in East German universities. Nevertheless, despite this condemnation of psychoanalysis as decadent, bourgeois and unscientific, psychoanalytic ideas and methods continued to be used in practice by a small number of East German psychiatrists and psychologists. Even in the 1950s, there was no official ban of the use of psychoanalytic methods in medical practice.<sup>25</sup>

The importance of Pavlovian theories to the development of East German psychiatry in the 1950s can be seen in the development of certain therapeutic approaches. For example, under the influence of Pavlovian psychology, autogenic training (relaxation through self-hypnosis) became a standard form of therapy throughout the GDR.<sup>26</sup> In keeping with the collectivism of socialist ideology, and because it was more cost effective, autogenic training was conducted in group settings. Other types of group psychotherapy also became standard in the 1960s. These included hypnosis, music therapy, occupational therapy, movement therapy, psychodrama and sport. Through such methods the “mentally ill” were to be socialised into collective activities with the goal of reintegrating them into social life and industrial production. Many of these therapeutic methods became institutionalised in 1969 when, at an international conference in Bad Elster, the Society for Medical Psychotherapy in the GDR (*Gesellschaft für Ärztliche Psychotherapie/GÄP*) created sections for group psychotherapy, autogenic training and hypnosis, and music therapy.

The emphasis on group therapy remained in place throughout the history of the GDR. However, group therapeutic methods did not remain static. The most significant development came in the 1970s with the introduction of Kurt Höck’s intended

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<sup>25</sup> *Ibid.*, 162.

<sup>26</sup> “Suggestive” methods, such as autogenic training, fitted in with the Pavlovian idea of conditioning behaviour through environmental stimuli.

dynamic group psychotherapy.<sup>27</sup> This subsequently became the dominant form of psychotherapeutic treatment in the GDR. Leuenberger explains the way in which intended dynamic group psychotherapy worked:

This therapeutic method is “intended” in the sense that the therapist directs the group toward a desired aim, and it is “dynamic” as therapists at times attempt to retreat from the dominant position, letting “the dynamic” of the group contribute to the therapeutic work necessary. Hereby primary importance was given to the group, and its dynamics were utilised as a way to treat symptoms, improve personal integration, and transform attitudes, behaviours and personalities.<sup>28</sup>

Intended dynamic group psychotherapy was based on Harald Schultz-Hencke’s neo-psychoanalytic approach.<sup>29</sup> This neo-psychoanalytic approach differed from traditional Freudian psychoanalysis in a number of ways. Most importantly, it attempted to turn psychoanalysis into a science by focusing on the “rational” and on observable psychological processes. To this end, it abandoned “theoretical speculation” in favour of a practically-oriented approach. Consequently, neo-psychoanalysis rejected libidinal theories and focused on conscious processes and on the “here and now”, as opposed to past traumas.

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<sup>27</sup> Kurt Höck (1920-2008) was one of the GDR’s leading psychiatrists. After training as an analytic psychotherapist at the Schultz-Hencke Institute in West Berlin in the late 1940s, he gained a position at the *Haus der Gesundheit* (HdG) in East Berlin. In 1956, when the HdG’s psychotherapeutic unit was under threat of closure, Höck took over the unit and ensured its survival by reorganising it and developing methods in line with Pavlovian psychology, such as autogenic training and group therapy. In 1959, Höck became the medical director of the entire HdG. He was a driving force behind the GÄP’s establishment of a section for group psychotherapy in 1969. See Leuenberger, “Socialist Psychotherapy and its Dissidents”, 265; and “Zum Tode von Kurt Höck”, *Berliner Ärzte*, 2, 2009, 29.

<sup>28</sup> Leuenberger, “Socialist Psychotherapy and its Dissidents”, 265. See also Roland Härdtle and Wolfgang Schneider, “Die Intendierte-Dynamische Gruppenpsychotherapie als Paradigma der Psychotherapie in der DDR”, *Forum der Psychoanalyse*, 15, 1, 1999, 42-57.

<sup>29</sup> Harald Schultz-Hencke (1892-1953) was the founder of neo-psychoanalysis, which he described as an “amalgam of Freud, Adler and Jung”. However, he also drew attention to the work of Ivan Pavlov and the relationship between physical and psychological processes. Although his neo-psychoanalysis gained little international recognition, his ideas became central to the discipline of psychiatry in the GDR. This was due largely to the important role played by Kurt Höck, who was influenced by Schultz-Hencke’s neo-psychoanalytic model. See Leuenberger, “Socialist Psychotherapy and its Dissidents”, 264-265; and Christof Goddemeier, “50. Todestag von Harald Schultz-Hencke: Theorie vom ‘gehemmten Menschen’”, *Deutsches Ärzteblatt*, June 2003, 259.

Another development in the 1970s was the spread of behavioural therapy.<sup>30</sup> Although this form of therapy fitted in well with socialist ideas about the interaction between organism and environment, it was developed in the GDR partly through collaboration with West German colleagues. For example, the board of the (West) German Society for Behavioural Therapy (*Deutsche Gesellschaft für Verhaltenstherapie*) supported the development of this type of therapy in the GDR by sending over complementary copies of the journal *Verhaltenstherapie und psychosoziale Praxis* to East German colleagues for over twelve years.<sup>31</sup> In the GDR, behavioural therapy was increasingly integrated into group therapy work. Recognition of the increasing importance of this type of therapy within East German psychotherapy came in 1982 when the GÄP granted it its own section. Research was conducted into the efficacy of behavioural therapy to treat a range of disorders, including addiction, schizophrenia and anorexia nervosa.<sup>32</sup>

The institutionalisation of behavioural therapy in the GDR in the 1980s demonstrated the opening up of therapeutic possibilities during this decade. Another example of this process is the development of individual dynamic therapy, which reintroduced individual analytical therapy to East German psychotherapy. However, like intended dynamic group psychotherapy, individual dynamic therapy was more influenced by neo-psychoanalytic ideas than by Freudian ones. For example, rather than encouraging regression into the past, it dealt with conflicts in the present. It also differed from other forms of psychoanalysis in that therapists played an active role in the therapeutic process and it was a treatment which ran over a short period of time. Although individual dynamic therapy became officially recognised by the GÄP,

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<sup>30</sup> Broadly speaking, behavioural therapy focuses on reinforcing desired behaviour and eliminating negative behaviour. The focus is on behaviour, rather than on the psychological processes, such as thoughts and feelings, which might be causing certain behaviour.

<sup>31</sup> Geyer, *Psychotherapie in Ostdeutschland*, 311. The practice of establishing contact with western counterparts without official permission from the East German government to do so became much more common among East German psychiatrists in the 1980s. This can be viewed as East German psychiatrists becoming much bolder in their refusal to let themselves be limited by official dogma and regulations any longer. See *ibid.*, 460.

<sup>32</sup> For a discussion of the development of behavioural therapy in the GDR see Geyer, *Psychotherapie in Ostdeutschland*, 310-311 & 507-525.

interest in this therapy remained limited. Group therapy continued to be the dominant form of therapy throughout the GDR.

Despite these developments, the official doctrine of dialectical materialism formed the foundation of East German sciences, including psychiatry, throughout the history of the GDR. Furthermore, Freudian psychoanalysis continued to be officially rejected as a bourgeois ideology. However, as East German psychiatrists became bolder in the 1980s in their refusal to allow themselves to be limited by official dogma and regulations, an intellectual reform movement for the revival of Freudian psychoanalysis openly established itself in scientific discourse. Under the watchful eyes of the Stasi (the East German secret police) there was increasing collaboration between East and West German analytically-oriented psychotherapists.<sup>33</sup> The highpoint of this development was a congress in Leipzig in July 1989. The topic of this congress was “History and Present-day Problems of Psychotherapy – On the Position of Sigmund Freud and Psychoanalysis”.<sup>34</sup> Three months earlier, a radio programme had been broadcast in which East German psychiatrist, Hans-Joachim Maaz, had discussed, in an explicit and favourable manner, many of Freud’s ideas.

It is clear, then, that by the end of the 1980s, East German psychiatry had undergone significant changes since the Pavlovian-dominated 1950s. These changes manifested themselves not only in developments in therapeutic approaches but also in greater exchange with West German psychiatrists and, during the late 1980s, in more open engagement with the ideas of Freud. Nevertheless, despite these changes, the diversity of theoretical and therapeutic approaches of East German psychiatrists remained limited by the ideological dogma of the socialist state. Before analysing how socialist ideology and developments in East German psychiatry impacted upon theoretical and therapeutic approaches to anorexia nervosa in the GDR, it is first necessary to outline some of the key theoretical and therapeutic approaches to the “disorder” which existed in contemporaneous western societies. This will help to

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<sup>33</sup> Geyer, *Psychotherapie in Ostdeutschland*, 460.

<sup>34</sup> “Geschichte und Gegenwartsprobleme der Psychotherapie – zur Stellung Sigmund Freuds und der Psychoanalyse”. See Geyer, *Psychotherapie in Ostdeutschland*, 632-636.

highlight some of the ways in which East German approaches to anorexia nervosa were influenced by the East German context and by western ideas and practices.

### ***Key aetiological theories and therapeutic approaches to anorexia nervosa in the West***

Aetiological theories and therapeutic approaches to anorexia nervosa in the post-war West can be grouped into three key models: the biomedical, the psychological, and the socio-cultural.<sup>35</sup> The biomedical model, with its roots in the nineteenth century, argued for an organic cause. According to this model, the key site for an organic cause was the hypothalamus. Researchers who used this model believed that the hypothalamus was somehow implicated in the “disease” but debates continued as to whether disturbances in hypothalamic functioning were primary or secondary aetiological factors. These debates were neatly summarised in 1974:

At least three possibilities exist. It may be that starvation damages the hypothalamus, that psychic stress somehow interferes with hypothalamic function, or that the manifestations of anorexia nervosa, including the psychological aberrations, are relatively independent expressions of a primary hypothalamic defect of unknown etiology.<sup>36</sup>

Those who advocated an organic cause of anorexia nervosa usually prioritised somatic, rather than psychotherapeutic treatments. Over the course of the twentieth century, these treatments included the use of thyroid extract, vitamins, insulin, corticosteroids, testosterone and the implantation of calf pituitary glands. During the 1940s and 1950s, the use of pre-frontal lobotomy was also advocated. Another somatic treatment which emerged in the 1950s was electroconvulsive therapy.

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<sup>35</sup> See Brumberg, *Fasting Girls*, 26-42. See also Steven Wiley Emmett (ed.), *Theory and Treatment of Anorexia Nervosa and Bulimia: Biomedical, Sociocultural and Psychological Perspectives* (New York: Brunner/Mazel, 1985); and L. Alexander-Mott and D. Barry Lumsden (eds), *Understanding Eating Disorders: Anorexia Nervosa, Bulimia Nervosa and Obesity* (Washington D.C. and London: Taylor and Francis, 1994).

<sup>36</sup> R. S. Mecklenburg et al., “Hypothalamic dysfunction in patients with anorexia nervosa”, *Medicine*, 53, 1974, 147-159. Quotation from p. 155. Cited in Kelly Bemis, “Current Approaches to the Etiology and Treatment of Anorexia Nervosa”, *Psychological Bulletin*, 85, 3, 1978, 593-617. Citation from p. 609.

Although the use of lobotomy was confined to the 1940s and 1950s, reports of electroconvulsive therapy to treat cases of anorexia nervosa continued into the 1980s.<sup>37</sup> From the 1960s, it became increasingly common for antipsychotic drugs, such as chlorpromazine, to be used in order to stimulate weight-gain.

Writing in the late 1980s, Brumberg pointed out that there were two contemporary psychological models of anorexia nervosa which viewed it as “a pathological response to the developmental crisis of adolescence.”<sup>38</sup> The first of these models was psychoanalysis, which had had a significant impact on aetiological theories and therapeutic approaches to anorexia nervosa since the 1930s, particularly in America.<sup>39</sup> In the post-war period, particularly from the early 1970s, Hilde Bruch, a German-born American psychoanalyst, was the leading proponent of a psychoanalytic approach to eating disorders, including anorexia nervosa.

Psychoanalytic theories about the origins and treatment of anorexia nervosa were founded on Freud’s assumption that “impairment in the nutritional instinct was related to the organism’s failure to master sexual excitation.”<sup>40</sup> According to these theories, food refusal was symbolic of oedipal conflicts and a repudiation of sexuality, specifically of “oral impregnation” fantasies.<sup>41</sup> Such theories enjoyed longevity. Writing in 1973 about the treatment of anorexia nervosa in America, Hilde Bruch noted that “even today ‘oral impregnation’ is the one psychodynamic issue most consistently looked for.”<sup>42</sup>

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<sup>37</sup> See James M. Ferguson, “The Use of Electroconvulsive Therapy in Patients with Intractable Anorexia Nervosa”, *International Journal of Eating Disorders*, 13, 1993, 2, 195-201.

<sup>38</sup> Brumberg, *Fasting Girls*, 29.

<sup>39</sup> See Brumberg, *Fasting Girls*, 212-228.

<sup>40</sup> Bruch, *Eating Disorders*, 216.

<sup>41</sup> See A. Freud, “Adolescence”, *The Psychoanalytic Study of the Child*, 13, 1958, 255-278; V. Szyrynski, “Anorexia nervosa and psychotherapy”, *American Journal of Psychotherapy*, 27, 1973, 492-505; J. Waller, M. R. Kaufman and F. Deutsch, “Anorexia nervosa: A psychosomatic entity”, in M. R. Kaufman and M. Heiman (eds.), *Evolution of psychosomatic concepts: Anorexia nervosa, a paradigm* (New York: International Universities Press, 1964). Cited in Bemis, “Current Approaches”, 600. See also H. Thomä, *Anorexia Nervosa* (Bern and Stuttgart: Huber-Klett, 1961). Cited in Bruch, *Eating Disorders*, 217.

<sup>42</sup> Bruch, *Eating Disorders*, 217. Hilde Bruch (1904-1984) worked extensively with patients with eating disorders. Her seminal 1973 work led to her becoming an internationally renowned expert in the field of eating disorders, particularly anorexia nervosa.



Western psychiatrists working with the Freudian psychoanalytic model tended to adopt the traditional psychoanalytic therapeutic approach in which, during an individual therapy session, the patient told the psychoanalyst her secret thoughts and feelings and the analyst interpreted their unconscious, symbolic meanings. Bruch noted in 1973 that many analysts were still using this approach when treating anorexic patients.<sup>43</sup> However, according to Bruch, by the 1970s this approach was outmoded. She explained that despite the longevity of traditional psychoanalytic approaches which focused on symbolism, modifications of psychoanalytic theory since the 1940s had shifted the focus of some analysts away from the “merely symbolic” and towards the nature of the parent-child relationship since early childhood and subsequent “disturbances in ego functions and interpersonal relations”. Analysts, including Bruch, who were influenced by this modified psychoanalytic theory argued that dysfunctions in the parent-child relationship could cause permanent defects in the ego structure of the growing child which could reach crisis in adolescence. This crisis could manifest itself in anorexic symptoms.

Bruch argued that the new psychoanalytic understanding of anorexia nervosa required a new therapeutic approach, in which “the therapeutic focus is on the failure in self-experience and on the defective tools and concepts for organizing and expressing the patient’s own needs, and on his bewilderment in dealing with others...[T]herapy will attempt to repair the underlying sense of incompetence, conceptual defects and distortions, isolation and dissatisfaction.”<sup>44</sup> Alongside individual psychotherapeutic sessions, Bruch recommended that anorexic patients became involved in group sessions and milieu therapy. She thought that art work and dream reports were particularly helpful. However, she emphasised that this therapy served an auxiliary function “providing the setting for the daily events which are examined in the patient’s individual therapy sessions.”<sup>45</sup> In no small part due to Bruch’s reputation as an authority on the treatment of eating disorders, her modified psychoanalytic approach became widely adopted in the West in the 1970s and 1980s.

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<sup>43</sup> *Ibid.*, 335.

<sup>44</sup> *Ibid.*, 335.

<sup>45</sup> *Ibid.*, 346.

The second psychological model which viewed anorexia nervosa as a pathological response to the developmental crisis of adolescence was family systems theory, which became an important approach to anorexia nervosa in the 1980s. A key proponent of this theory was Argentinian family therapist Salvador Minuchin.<sup>46</sup> He argued that the dynamics of certain kinds of families created an environment in which it was difficult for family members to assert their individuality and which led to passive methods of defiance. According to advocates of family systems theory, family therapy was needed to change the way in which family members interacted with one another. For Minuchin, this could best be achieved by using the therapeutic technique called the “family therapy lunch session” which was used to diagnose and treat disordered transactional patterns within the family.<sup>47</sup>

As discussed in the introduction to this thesis, another model for understanding anorexia nervosa focused on socio-cultural factors. This model became prominent in the West during the 1970s and 1980s and its key proponents were feminists. Many, such as Susie Orbach and Marlene Boskind-White, were also therapists. They tended to assert that treatment for anorexia nervosa should include not only psychotherapy but also the opportunity for “sufferers” to talk with other women who were similarly “afflicted”. Efforts were also made to educate the public about eating disorders, including anorexia nervosa. For example, in New York in May 1986, Susie Orbach organised a speak-out against eating disorders, which sought to raise awareness of the issue.

Thus, in the post-war West there were a number of competing theories about the origins and best treatment of anorexia nervosa. Some of these emphasised a psychological element, while others emphasised the role of organic factors or of culture. Some treatments took place in isolation from other patients, while others were conducted in group settings. Although many of these approaches were first

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<sup>46</sup> Although born and raised in Argentina, from the 1960s Minuchin practiced in America (mostly in Philadelphia and New York).

<sup>47</sup> See Bemis, “Current Approaches”, 601.

developed in America, they came to dominate approaches to anorexia nervosa throughout the western world. As will become clear in the next section, although a number of different theories and approaches were advocated in the GDR, the range of theories and approaches was more limited than in the West.

### ***Aetiological Theories and Therapeutic Approaches to Magersucht in the GDR, 1949-1990***

The first report on anorexia nervosa by an East German psychiatrist after the founding of the GDR in 1949 came from Erika Geisler who practised in the *Nervenklinik* of the Charité. At a meeting of the Society for Neurology and Psychiatry on 13 April 1953, she presented a paper entitled “On the Problem of *Pubertätsmagersucht*.”<sup>48</sup> After presenting the case of an eleven year old girl, Geisler argued that the condition was a disorder anchored in the pituitary-diencephalon and that it required a certain constitutional disposition and multiple triggering events. In the same year, her views were explicated in an article in the East German journal *Psychiatrie, Neurologie und medizinische Psychologie*.<sup>49</sup> Here she reiterated her argument that *Pubertätsmagersucht* was caused by a localised disturbance in the diencephalon. She hypothesised that, in the case of her eleven year old patient, this disturbance could have been brought about by the unusual psychological strains caused by the patient’s early childhood experiences of fear and parental neglect.<sup>50</sup>

In line with the socialist principles of dialectical materialism, Geisler presented a thoroughly materialist conception of the aetiology of *Pubertätsmagersucht*. The emphasis on physiological changes in the brain as the main causal factor roots Geisler’s understanding of the aetiology of the “disorder” firmly in the biology of the patient. The reference to the girl’s experiences in early childhood suggests a link

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<sup>48</sup> “Gesellschaft für Neurologie und Psychiatrie an der Universität Berlin, Sitzung vom 13. April 1953, Frau Geisler: ‘Zur Problematik der *Pubertätsmagersucht*’”, *Psychiatrie, Neurologie und medizinische Psychologie*, 5, 1953, 399. Also appeared in *Das Deutsche Gesundheitswesen*, 8, 39, 1953, 1189.

<sup>49</sup> Erika Geisler, “Zur Problematik der *Pubertätsmagersucht*”, *Psychiatrie, Neurologie und medizinische Psychologie*, 5, 1953, 227-233.

<sup>50</sup> The report notes that as a young child the patient had, on more than one occasion, been locked in a dark cellar for hours.

between biology, social environment and pathological behaviour. Furthermore, although Geisler notes that the patient had a fear of getting fat and, later, a fear of maturity, she argued that these fears were part of the disease, not a cause of it. In this way, the girl's fears were interpreted as symptoms of the "disease", rather than as psychogenic causal factors as would be argued in a psychoanalytic approach.

Geisler's materialist conception is furthered by her reference to the work of Soviet physiologist, K. M. Bykov.<sup>51</sup> She pointed out that the experiments of Bykov had substantiated his theory that the brain stem and vegetative system is influenced by stimuli, such as life-experiences, which are first received by the cerebral cortex. Geisler made this reference in order to explain the effectiveness of psychotherapy. However, it also supports her proposed link between life-experiences, organic changes and pathological behaviour. The socialist context of Geisler's writing is also apparent in her presentation of a Pavlovian interpretation of a report by Swiss psychiatrist Kuhn (1951), which stated that he had improved a case of "anorexia mentalis" by means of a tonsillectomy and the removal of a healthy appendix.<sup>52</sup> Geisler pointed out that while Kuhn interpreted this in the mode of *dasein* analysis by understanding the operation as an incursion into the desperately constructed safety zone of the patient, Pavlovian thinking would interpret it as an excitation of the cerebral cortex, which inhibits the otherwise stronger, diseased processes of the sub-cortical areas. Thus, Geisler not only presented a materialist conception of the aetiology of *Pubertätsmagersucht* but her whole article can be seen very much as a product of the 1950s "Pavlov-wave".

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<sup>51</sup> K. M. Bykov (1886-1959) was an esteemed Soviet physiologist, who, after the Second World War, became director of the Institute of Physiology of the Academy of Science of the USSR. A pupil of Ivan Pavlov, much of his work concerned the physiological background of psychosomatic disease. He developed a theory about cortico-visceral relations, which sought to reveal the mechanisms by which the cerebral cortex influenced the activity of the internal organs. His special theory of cortico-visceral pathology argued that some diseases of the internal organs were connected to the primary disturbance of higher nervous activity (located in the cerebral cortex). He received little recognition outside of the USSR and the socialist bloc. See Stephen M. Kanne and Stanley Finger, "Konstantin M. Bykov and the Discovery of the Role of the Corpus Callosum", *Journal of the History of Medicine*, 54, 1999, 572-590; N. P. Erofeev, "Local and Systemic Mechanisms in Disturbance of Functions of the Vegetative Nervous System", *American Association of Osteopathy Journal*, 20, 4, 2010, 26-31; and "Obituary: K. M. Bykov", *British Medical Journal*, 5 December 1959, 1260-1261.

<sup>52</sup> Roland Kuhn (1912-2005) was a Swiss psychiatrist, pharmacologist and *dasein* analyst. See H. Hinterhuber, "Laudatio auf Roland Kuhn", *Schweizer Archiv für Neurologie und Psychiatrie*, 5, 2005, 266-267.

The influence of Soviet physiologist, K. M. Bykov, can also be seen in Geisler's discussion about the treatment of her anorexic patient. Geisler argued for a multi-dimensional approach, which treated both the somatic and psychological aspects of the disease. The somatic aspects were treated with organic therapy such as insulin injections and adrenocorticotrophic hormone. The psychological aspects were treated with psychotherapy. She stated that the aim of psychotherapy must be to address the different areas of life which the patient experienced as disturbed. Thus, psychotherapy had to focus not just on the obvious disturbance around eating but also on the patient's changed aesthetic experience, her conflict with her own embodiment and her differently expressed fears. Geisler's approach to psychotherapy was clearly influenced by psychodynamic ideas. She emphasised the need to analyse and interpret the patient's experiences, claiming that it was only in this way that the causally important conditions would be understandable and a cure would become possible. However, lest the reader should think that her method focused on Freudian ideas of the unconscious, she specifically talked about "these experiences and aspects of consciousness".<sup>53</sup> Another nod to socialist psychology was her assertion that the efficacy of psychotherapy with anorexic patients could be understood in the context of Bykov's theory of cortico-visceral relations. She argued that during psychotherapy "experience and ideas stimulate the cerebral cortex and, in the sense of the cortico-visceral relationship, influence the brain stem and therefore the subsequent course of the vegetative occurrence".<sup>54</sup> Therefore, psychotherapy was not seen as being helpful because of the psychoanalytic "insights" it provided the patient but because of its physical effects on the patient's physiological system.

The next full-length article on the topic of anorexia nervosa to emerge from an East German institution appeared in 1960.<sup>55</sup> This article was based on the authors' observation and treatment of twenty one female in-patients at the Neurological and

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<sup>53</sup> Geisler, "Zur Problematik der Pubertätsmagersucht", 230.

<sup>54</sup> *Ibid.*, 230.

<sup>55</sup> Chr. Hoppe, B. Abel and I. Tögel, "Beitrag zur Diagnostik und Therapie der Anorexia nervosa", *Psychiatrie, Neurologie und medizinische Psychologie*, 12, 1960, 449-460.

Psychiatric Clinic of Karl Marx University in Leipzig. They conceived of *Pubertätsmagersucht* and anorexia nervosa as neuroses with somatic and psychosocial foundations. Like Geisler, Hoppe et al. adopted a Bykopian physiological approach with reference to the cortico-visceral process. They noted that most of the patients were involved in some sort of emotional conflict situation in their lives. For example, one patient found herself in such a conflict because she was torn between staying with her mother in the GDR and moving to the West to be with her three brothers who had all fled the GDR between 1947 and 1955. The authors argued that these conflict situations, and the subsequent anorexic symptoms, usually emerged in girls during puberty because the maturation process led girls to inevitable thoughts about how their life would be shaped. Some girls found the prospect of their future tasks as mother and worker overwhelming. This led to conflicts between wanting to remain a child and having to be a woman. Thus, the authors rooted the aetiology of the disorder in recent emotional conflicts in relation to the patients' lived environment. Unlike traditional psychoanalytical approaches, the authors did not interpret food refusal as *symbolic* of deep fears and anxieties about womanhood. Rather, they adopted a Bykopian physiological perspective by claiming that the constant emotional tension brought about by these conflicts led to a far-reaching disturbance of the cortico-visceral process.

Hoppe et al. suggested that girls who were particularly prone to such conflicts were those who showed signs of physical and psychological "retardation". In order to illustrate this point, it was noted that some of their patients, despite being twenty years of age or older, had brought dolls, small teddy bears and other childish playthings with them. It was also considered significant that many of the patients had "boyish" or "manly" traits, such as self-assertion and ambitiousness, and that they lacked "feminine" traits, such as softness, warmth and emotion. Although neither the genesis of these traits nor of the purported "retardation" is made explicit, a Pavlovian interpretation of the importance of the role of the social environment, as opposed to personality traits being viewed as innate, is strongly suggested. For example, it is pointed out that "the relationships between the organism and the environment are invested with great meaning by Pavlov and his

school...[T]he constant influences from the environment are significantly involved in the building of personality, particularly in the formative years." Thus, the reader is told that one twenty year old patient with an ambivalent attitude towards "womanliness", a rather "boyish", sporty bearing and no sexual relationship to the opposite sex, had mostly socialised with boys when she was a child. This had "rubbed off on her", as shown by the fact that as a child she had not had a caring manner with toys, had not laid much value on outward appearances and had preferred to be roaming about outside rather than going to school or staying at home to do her homework. Similarly, it is hinted that the "sexually immature" personality of a forty five year old, half-Jewish patient was linked to her experience during the war when she avoided relationships with men for fear of bringing them into danger. Thus, Hoppe et al. viewed the "immaturity" and "retardation" of their patients as stemming from their interaction with their environment. They also implicated this in the aetiology of their patients' symptoms. However, they refrained from linking this to Freudian ideas, such as "oral impregnation". Indeed, the symbolism of the "oral component" was not addressed at all.

The influence of "socialist psychology" can therefore clearly be seen in this article from 1960. A final way in which this influence is evident is in the authors' agreement that the disorder can be viewed as a "flight reaction", that is, as an attempt to circumvent insoluble problems. This is in keeping with "socialist psychology" because, unlike psychoanalytic approaches, Hoppe et al. did not stress an unconscious element to this. Rather, they seem to suggest that their patients have refused food in a conscious, functional manner to achieve various ends. For example, we are told that eight patients sought to get attention, three wanted to keep their childish position in life and two sought to gain exceptional status and to assert themselves through their symptoms. If the authors believed that these goals were unconscious, it is certainly not made clear in the text.

Like Geisler, Hoppe et al. described a multidimensional therapy. However, whereas Geisler's psychotherapeutic approach had focused on individual therapy, Hoppe et al. emphasised group therapy. They argued that this approach, which included group

conversations, daily group gymnastics and group singing and dancing, allowed the patients to overcome their self-uncertainties and their inhibitions. Although the emphasis was on group therapy, patients also received some individual therapy. The main point of these individual sessions was so that the therapist could get a full picture of the patient's personality and lived environment. Through both group and individual therapy attempts were made to resolve emotional conflicts and "correct" maladjustments (*Fehleinstellungen*). These attempts were bolstered through the use of "suggestive" methods such as hypnosis and autogenic training. Also in keeping with socialist psychology was the use of limited somatic treatments, such as niacin injections. Somatic interventions would only be stepped up if unsatisfactory progress was made. The authors pointed out that this had been necessary with four of their twenty one patients who, as a result of their unsatisfactory progress, had been treated with an induced insulin coma or electroshock therapy.

Neither induced insulin coma nor electroshock therapy appears to have been a particularly common treatment for anorexia nervosa in the GDR. While many of the case studies, which appeared in East German articles, reveal that it was common for patients to have received various somatic treatments, such as small doses of insulin to stimulate appetite and the administration of vitamin supplements, in medical clinics before being admitted to a psychiatric ward, none of the case studies refer to the use of insulin coma or electroshock therapy in these clinics. Nevertheless, as Hoppe et al. made clear, extreme treatments, such as electroshock therapy, were sometimes used in the GDR to treat patients diagnosed with anorexia nervosa. At the time of Hoppe et al.'s article in 1960, reports about the use of electroshock therapy for the treatment of anorexia nervosa were still relatively novel. For example, in 1954 an article on this topic had appeared in the French journal *L'Evolution Psychiatrique*. Another article on the topic had appeared in 1959 in the *American Journal of Psychiatry*.<sup>56</sup> In the GDR too, an article on the efficacy of electroshock therapy for the treatment of anorexia nervosa had appeared in 1959.<sup>57</sup>

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<sup>56</sup> J. LaBoucharie and P. Barres, "Les aspects cliniques, pathologique et therapeutiques de l'anorexie mentale", *L'Evolution Psychiatrique*, 1, 1954, 119-146; and J. J. Wall, "Diagnosis, treatment and results in anorexia nervosa", *American Journal of Psychiatry*, 115, 1959, 997-1001. Cited in James M.



The use of electroshock therapy to treat anorexia nervosa in the GDR was possibly limited because of the outspoken criticism of this method by Karl Leonhard, director of the Charité's *Nervenlinik* between 1957 and 1970.<sup>58</sup> In all of his publications in the 1960s, he argued that the use of electroshock therapy could cause permanent damage to brains which were already weakened due to the serious condition of emaciation. In his opinion, electroshock therapy was an unnecessarily invasive procedure. He argued that anorexia nervosa could be cured by a very simple, non-invasive method of ensuring that the patient ate everything that was put in front of her. All that was needed to achieve this was the firm resolution of the medical and nursing staff. Although patients would resist at first, they would soon submit to the will of the hospital staff. Leonhard claimed that this method had been so successful that he had never had to resort to tube feeding. He also rejected the use of medication because by doing so he believed he eliminated an argument for the patient re-starving herself once medication was stopped.

Although Leonhard's writings focused on his feeding programme, he also acknowledged the need for psychotherapy. He argued that this should only begin once the patient's emaciation had been overcome because before this had happened

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Ferguson, "The Use of Electroconvulsive Therapy in Patients with Intractable Anorexia Nervosa", *International Journal of Eating Disorders*, 13, 1993, 2, 195-201. This article reveals that electroconvulsive therapy was being used to treat patients with anorexia nervosa in America in the 1980s.

<sup>57</sup>This article was written by Gyula Nyirö, director of the Psychiatric Clinic of the University of Budapest. In the article he described his application of two electric shocks every day for a week to successfully treat a twenty one year old female patient suffering from anorexia nervosa. Gyula Nyirö, "Durch gehäufte Elektroschockbehandlung geheilter Fall von Anorexia nervosa", *Psychiatrie, Neurologie und medizinische Psychologie*, 11, 12, 1959, 353-357.

<sup>58</sup>Karl Leonhard (1904-1988) published several articles on the topic of anorexia nervosa in the 1960s. These articles were published in West German, as well as East German, medical journals. See, for example, "Zur Therapie der Pubertätsmagersucht", *Münchener Medizinische Wochenschrift*, 102, 1960, 2318-2321; and "Therapie der Anorexia Nervosa", *Internistische Praxis*, 5, 1965, 259-265. Leonhard also devoted a whole chapter to anorexia nervosa and compulsive vomiting (*Zwangserbrechen*) in his book *Individualtherapie der Neurosen* (1963). A second, unchanged edition of this book appeared in 1965. A third, updated edition was published in 1981. This third edition separated the topics of anorexia nervosa and compulsive vomiting into two chapters. After the status of emeritus professor was conferred on Leonhard in 1970, he remained involved in the work with "anorexic" patients at the Charité. This point is made by Neumärker and Bartsch, who note that Leonhard "remained present at the clinic daily almost until he died." See Neumärker and Bartsch, "Perspectives of eating disorders", 12. See also Klaus-Jürgen Neumärker, "Karl Leonhard (1904-1988): Psychiater und Neurologe an der Charité in Berlin", *Nervenheilkunde*, 4, 2008, 327-333.

the patient would be unreceptive to psychotherapeutic efforts. Unlike Hoppe et al., Leonhard made no reference to group psychotherapy. However, his psychotherapeutic method was in keeping with socialist psychiatric methods in so far as he considered it to be more important that psychotherapy was used to give active advice about the future shaping of the patients' lives, rather than reaching back into their early years. He noted that traumas from early childhood should be spoken about if they were demonstrably unsettling the patient but that it was generally more useful if one helped them to gradually determine their own lives and to develop a "normal" relationship with their peers.<sup>59</sup>

Although most of Leonhard's written work focused on his method of treatment, particularly on his method of overcoming emaciation, he also made some comments about aetiology. He took the view that *Pubertätsmagersucht* and anorexia nervosa were neuroses with somatic and psychological foundations. Like Hoppe et al. he was interested in the "retardation", or as he termed it, the "infantilism" of anorexic patients, including their rejection of sexuality. For example, in discussing the case of a fourteen year old patient, Gisela, who had been admitted to the Charité's *Nervenklinik* in 1959 he stated that she "wanted to remain sexually as a child, as has been seen with other girls with *Pubertätsmagersucht*."<sup>60</sup> However, he did not explore any psychological reasons for why she might have wanted to remain sexually as a child. Unlike western psychoanalytic approaches, he did not delve into her early childhood to uncover "disturbances" in the parent-child relationship and a subsequent "deformation of the ego". Nor did he posit any symbolic link between Gisela's desire to remain sexually "immature" and her food refusal. Rather, his theorising remained on the level of the somatic. He argued that her sexual immaturity was indicative of an endocrine disturbance, which had played a causal role in the development of her *Pubertätsmagersucht*. He supported this with the "evidence" that Gisela's twenty-three year old sister had visited the clinic because of a profound aversion to the erotic advances of her boyfriend. Conversations with the

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<sup>59</sup> Karl Leonhard, "Zur Therapie der Pubertätsmagersucht", *Münchener Medizinische Wochenschrift*, 102, 1960, 2318-2321.

<sup>60</sup> *Ibid.*

older sister had led him to the conclusion that she “lacked an erotic emotional world”. This was taken by Leonhard as evidence that the older sister was suffering from an “endocrine-sexual underdevelopment”. It was therefore likely, Leonhard asserted, that Gisela also had an endocrine-sexual disturbance. As further evidence of an endocrinal foundation of *Pubertätsmagersucht* and anorexia nervosa, he pointed out that the “sexual infantilism” observed in so many adolescent patients seemed to remain in later life and that adult sufferers also had “infantile” and “sexually underdeveloped” personalities.<sup>61</sup>

A colleague of Leonhard at the *Nervenklinik*, Sieglinde von Trostorff, also wrote in the 1960s about anorexia nervosa. Like Leonhard, her writing focused more on treatment than on aetiology. Indeed, it was Leonhard’s treatment method which she was promoting. She was also interested in the “infantilism” and “sexual immaturity” of the patients and suggested a link between this and the emergence of the eating disorder. For example, in a 1963 article she noted that some girls became ill after a man had tried to get close to them for the first time or after relatives had put pressure on them to marry.<sup>62</sup> Furthermore, she asserted that adults with anorexia nervosa showed similarities with children with *Pubertätsmagersucht*, such as being “sexually retarded”. She also noted that they mostly remained “infantile” for their whole lives and frequently presented with “gynaecologically infantile” findings. Her observations were illustrated with case studies. For example, the reader is told that twenty five year old Renate K. was quiet, shy, easily upset and cried a lot. She submitted in her “infantile manner almost like a child”. She had once had a boyfriend for many years but when he had pressurised her to marry him, she had left him without giving a reason. Since then she had shown no interest in men at all.

The emphasis these texts place on “sexual immaturity” or “sexual retardation” highlight the centrality of heteronormative ideas in East German psychiatric

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<sup>61</sup> K. Leonhard, “Therapie der Anorexia nervosa”, *Internistische Praxis*, 5, 1965, 259-265. The same article appears in *Pädiatrische Praxis*, 5, 1966, 169-175. See also Karl Leonhard, *Individualtherapie der Neurosen* (VEB Gustav Fischer Verlag, 1963), 110.

<sup>62</sup> Sieglinde von Trostorff, “Praxis der Individualtherapie bei Anorexia nervosa und Zwangserbrechen”, *Psychiatrie, Neurologie und medizinische Psychologie*, 15, 1963, 144-152.

discourses about anorexia nervosa. This can be seen in the way the rejection of “normal” heterosexual relations is pathologised and presented as playing a key role in the aetiology of the “disorder”. It is also evident in the way in which former patients’ development of sexual relations with the opposite sex was viewed as a positive sign of recovery. For example, in her 1963 article, Trostorff noted that a former patient’s progress was signalled by the fact that she had returned to work and was living with her boyfriend. However, the extent of this success was limited because her boyfriend “doesn’t seem to make intimate demands”. She also noted that one of her male patients, Jürgen B., was becoming more self-assured and was beginning, aged twenty, to be interested in girls.<sup>63</sup> Marriage and bearing children were viewed as particularly important signifiers of recovery. For example, in a 1985 follow-up investigation of the former patients, Trostorff was pleased to be able to report on Jürgen B.’s full recovery, as evidenced by the fact that he was married and had a five year old daughter.<sup>64</sup> However, she also noted that most of the former fifteen patients in this follow-up investigation had only one child. This was taken as indicative of former patients’ failure to overcome their “infantile personality”.<sup>65</sup>

The heteronormativity of East German psychiatric discourses about anorexia nervosa manifested itself not only in the importance placed upon patients’ interest (or lack thereof) in heterosexual relations, but also in the significance given to biological sexual difference and gender-appropriate behaviour. Throughout the period 1945 to 1990, anorexia nervosa was discursively constructed as a “female disease”. Some explained this with reference to “female biology”. For example, in 1946 Zutt had pointed to the vulnerability of the female endocrine system during puberty. Others, such as Hoppe et al., had identified a particular female problematic in girls and women whose “boyish” or “manly” traits led to emotional conflicts regarding their

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<sup>63</sup> *Ibid.*

<sup>64</sup> Sieglinde von Trostorff, “Katamnestische Untersuchungen bei Patienten mit Pubertätsmagersucht”, *Psychiatrie, Neurologie und medizinische Psychologie*, 37, 1985, 90-100.

<sup>65</sup> In the third edition of his book, *Individualtherapie der Neurosen* (1981), Karl Leonhard also noted that patients with anorexia nervosa tended to have only one child. Furthermore, he suggested that the fact that “anorexics” themselves were often only children could indicate that their mothers were also “infantile”. See Karl Leonhard, *Individualtherapie der Neurosen* (1981), 195.

roles as mothers and workers. In 1950, Dührssen had made a similar argument about the twins, Margit and Christel, albeit from a different theoretical standpoint.

The idea that anorexia nervosa was linked to an individual's failure to behave in a gender-appropriate manner was also used to explain cases of the "disorder" in males. This is clearly illustrated by Trostorff's 1963 article, which included three such cases. As was usual with cases of anorexia nervosa in girls and women, all three male cases were presented as having "infantile" traits. For example, in the case of fifteen year old Burkhardt B. we are told that "in his manner he showed the particular personality structure with infantile traits which we find in all those with anorexia nervosa." However, as well as being presented as "infantile", they were also presented as having "girlish" (*mädchenhaft*) traits and behaviours. For example, the following quotation is an excerpt from her case study of eighteen year old Jürgen B. who was admitted to the Charité's *Nervenlinik* in 1959:

Since childhood he was very quiet and shy. He was ambitious at school and was one of the best in his class in the first eight years. His manner changed once he was ill...He thought himself beautiful, became vain and cared for himself in a girlish manner. He also engaged himself with cooking like a girl...On examination of his body, it was noted that he had feminine pubic hair. The chromosomal sex test revealed that he is of the male sex. He is reserved, unsure of himself, sensitive and becomes easily irritable.<sup>66</sup>

In the above extract, Jürgen B. is represented as having such "girlish" traits and habits that the author feels it necessary to point out that a "chromosomal sex test revealed that he is of the male sex." In the case description of Burkhardt B. the emphasis was on the "imbecility" of the patient. However, he was also represented as having "girlish" traits and behaviour. For example, he had always been quiet, shy and cried easily, he was very orderly with his exercise books and toys, was scared of other children and very attached to his mother.

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<sup>66</sup> Sieglinde von Trostorff, "Praxis der Individualtherapie bei Anorexia nervosa und Zwangserbrechen", *Psychiatrie, Neurologie und medizinische Psychologie*, 15, 1963, 144-152.

The repeated references to “infantile” and “feminine” or “masculine” traits in cases studies of anorexia nervosa reveal that, regardless of whether the authors considered these traits to be a result of endocrine “disturbance” or of social environment, a link was being drawn between the development of anorexia nervosa and the individual’s failure to behave, think and feel in a gender-appropriate manner, including the conducting of “normal” heterosexual relations. The boys were deemed to be behaving like girls, and the girls and women were depicted as having “boyish” or “manly” traits and were seen to be rejecting their ordained roles as wives and mothers. Such arguments continued to be made in the 1980s. For example, in their 1981 report of a study of thirty patients with anorexia nervosa, Gisela Ehle and Jürgen Ott (both psychotherapists at the Charité) noted that a test conducted using the Minnesota Multiphasic Personality Inventory (MMPI) revealed that two thirds of the (female) patients showed norm-deviating profiles with regard to sex-typical roles, as well as disturbed relations with the male sex. They pointed out that this was an expression of a personality in crisis over becoming adult and mature and adequately accepting the female role.<sup>67</sup> Also in 1981, Karl Leonhard made clear what Trostorff had only implied. In a revamped version of his 1963 book, *Individualtherapie der Neurosen*, Leonhard drew on the case of Jürgen B. from twenty two years earlier, to state that when, exceptionally, a boy becomes ill with anorexia nervosa he shows a preference for feminine traits “so that it is confirmed that this is absolutely an illness of the female sex.”<sup>68</sup> Thus, Leonhard equated character traits deemed to be feminine with an essential femaleness which in turn made one vulnerable to anorexia nervosa.

In these arguments about the relationship between sex, gender and anorexia nervosa we can see the continuation of older notions of “pathologised femininity” which had characterised medical and psychiatric explanations of the “disorder” since the nineteenth century.<sup>69</sup> This construction of anorexia nervosa as a “female disorder”

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<sup>67</sup> Gisela Ehle and Jürgen Ott, “Das Syndrom Anorexia nervosa”, *Psychiatrie, Neurologie und medizinische Psychologie*, 10, 33, 1981, 583.

<sup>68</sup> Karl Leonhard, *Individualtherapie der Neurosen* (revised third edition, VEB Georg Thieme, 1981), 181.

<sup>69</sup> In her study of anorexia nervosa, Helen Malson points out that in nineteenth-century medical discourse about anorexia the “typical patient was consistently represented as female (although male and child cases were occasionally reported), and this gendering of ‘anorexia’ involved both the

has always led to a discursive problem when it presents in males. In East German psychiatric discourse this problem was resolved by presenting anorexic males as “feminine”.<sup>70</sup> Furthermore, just as in pre-war and contemporaneous medical, psychological and psychiatric discourses, heterosexuality was viewed as the key signifier of successful adolescent maturation and adjustment in the psychiatric discourse of the GDR.<sup>71</sup> The clear implication of the East German texts which have been discussed is that healthy girls show “romantic” interest in the opposite sex and do not appear “boyish” or “manly”. The texts also make clear that boys, too, were considered “abnormal” if they showed no interest in girls and if they displayed “feminine” traits.

It is clear, therefore, that, as in the West, conceptions of normative heterosexuality and gender-appropriate ways of being were central to psychiatric understandings of anorexia nervosa in the GDR.<sup>72</sup> By emphasising the importance of these conceptions and using them to construct dichotomies of “pathology” and “health”, East German psychiatric discourses reproduced normative notions of gender and sexuality, which many socio-cultural approaches to anorexia nervosa argue is implicated in the production of the “disorder” in the first place. Furthermore, the discourses represent

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feminisation of the patient and the pathologisation of ‘woman’ in general. ‘Femininity’ figured as a causal explanation in and of itself.” See Helen Malson, *The Thin Woman: Feminism, Post-Structuralism and the Social Psychology of Anorexia Nervosa* (London and New York: Routledge, 1998), 75. Similarly, Julie Hepworth argues that one of the “discoverers” of anorexia nervosa, Ernest Charles Lasègue, presented it as “a result of the failure of individual young middle-class women to move without fuss into their pre-ordained marital and domestic roles. See Julie Hepworth, *The Social Construction of Anorexia Nervosa* (London: Sage, 1999), 33.

<sup>70</sup> Hepworth points out that other solutions to this discursive problem have been to construct anorexia nervosa in males as being somehow different and/or more severe than in females. See Hepworth, *The Social Construction of Anorexia Nervosa*, 78-79.

<sup>71</sup> Since the early twentieth century, heterosexuality had been central to western psychiatric understandings of normality and proper mental functioning. It was defined not only by “healthy” sexual activities but also with the demonstration of “natural” gender roles. It has been argued that during the 1950s and 1960s, the American medical profession came to view the performance of these activities and roles as particularly key indicators of overall psychological health. See Carolyn Herbst Lewis, *Prescription for Heterosexuality: Sexual Citizenship in the Cold War Era* (Chapel Hill: University of North Carolina Press, 2010); Hanne Blank, *Straight: The Surprisingly Short History of Heterosexuality* (Boston: Beacon Press, 2012); and Jonathan Ned Katz, *The Invention of Heterosexuality* (New York: Dutton, 1995).

<sup>72</sup> For a discussion of normativity in western discourses about eating disorders see Paula Saukko, “A Critical Discussion of Normativity in Discourses on Eating Disorders”, in Helen Malson and Maree Burns (eds), *Critical Feminist Approaches to Eating Dis/Orders* (London and New York: Routledge, 2009), 63-73.

another way in which traditional structures of gender and sexuality were embedded within East German society.

Although normative notions of gender and heterosexuality continued to mark East German psychiatric discourses about anorexia nervosa in the 1980s, the discourses of this decade also reflected a number of developments within the discipline of East German psychiatry and constituted developments in therapeutic approaches. The number of East German articles published in the 1980s on the topic of anorexia nervosa stands in stark contrast to the dearth of articles in the 1970s. Indeed, when searching the East German journals *Das deutsche Gesundheitswesen*, and *Psychiatrie, Neurologie und medizinische Psychologie*, I found only one reference to anorexia nervosa in the 1970s.<sup>73</sup>

A particularly noteworthy aspect of many of the East German articles from the 1980s is their engagement with psychoanalytic approaches. This stands in contrast to the articles from the 1960s. For example, in two articles by Ehle and Ott there is an acknowledgement that, on an international level, insights which had largely been won under psychoanalytic influence had led to a significant growth in knowledge about anorexia nervosa.<sup>74</sup> In one of the articles (1981), reference is made to the way in which the work of West German psychoanalyst, Thomä (1961), uses Freud's categorisation of four main causes of illnesses. Furthermore, in both the articles by Ehle and Ott it is noted that psychoanalytic approaches tend to work with hypotheses of "regression", "oral fixation" and "defence mechanisms" to explain the aetiology of anorexia nervosa. The authors claim that some of these hypotheses, particularly

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<sup>73</sup> This was a report about a Swiss long-term follow-up study of patients treated for anorexia nervosa. See "Aus Forschung und Praxis. 'Langzeitverlauf der Anorexia nervosa'", *Das Deutsche Gesundheitswesen*, 35, 32, 1977, 1678-1679.

<sup>74</sup> Gisela Ehle and Jürgen Ott, "Anorexia nervosa – ein klinischer Beitrag zum psychosomatischen Problem", in Helga Hess, Werner König and Jürgen Ott (eds), *Psychotherapie-Integration und Spezialisierung* (Leipzig: VEB Georg Thieme, 1980), 72-81; and Gisela Ehle and Jürgen Ott, "Das Syndrom Anorexia nervosa", *Psychiatrie, Neurologie und medizinische Psychologie*, 10, 33, 1981, 582-583. Ehle and Ott (1938-2003) were both influenced by psychoanalytic ideas. Indeed, Ott's obituary described him as ensuring that a relationship between East and West German psychiatry was fostered, particularly with regard to psychodynamic approaches. See Wolfgang Senf and Michael Geyer, "Jürgen Ott: Vermittler zwischen Ost und West", *Psychotherapie im Dialog*, 2003, 422-423.



those focused on “regression” and “defence mechanisms”, had been confirmed in their own work with anorexic patients.

Despite authors, such as Ehle and Ott, engaging with psychoanalytically-oriented approaches, their conception of the aetiology of anorexia nervosa was still very much rooted in the socialist principles of dialectical materialism. This was highlighted by Ehle and Ott in a 1980 article which stated that the disease was a result of “a dialectical inter-relational process of biological, social and psychodynamic factors.” Döll and Neumärker, who treated anorexic children and adolescents in the Charité’s *Nervenklinik*, took a similar view in their article “Comments on the therapy of *Pubertätsmagersucht*” which stressed the “complementary connections between psychological and somatic processes.”<sup>75</sup> Similarly, according to another article co-authored by Ehle, anorexia nervosa was a “psychosomatic disease”, which could be understood “with the help of foundational methodological principles of the Marxist conception of determinism for the explanation of the particular nature of the psychological mediation of social influences in the aetiology and pathogenesis of diseases which primarily manifest themselves at a biological level.”<sup>76</sup>

Articles published in the 1980s reveal an engagement not only with psychoanalytic theories but also with family interactional approaches. For example, the 1981 article by Ehle and Ott discussed the concept of an “anorexic family” in which characteristics such as rigidity and demands for achievement led to a disturbance in the self-identity (*Ich-Identität*) of the child and a crisis during adolescence.<sup>77</sup> The use of the term “anorexic family” is suggestive of family interactional approaches, which developed in the West during the 1970s and 1980s. Indeed, during the interview conducted for

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<sup>75</sup> R. Döll and K.-J. Neumärker, “Bemerkungen zur Therapie der Pubertätsmagersucht”, *Das deutsche Gesundheitswesen*, 15, 37, 1982, 677-680.

<sup>76</sup> Gisela Ehle, Ina Preller and Wolfgang Preller, “Zur Klassifizierung des Syndroms der Anorexia nervosa”, *Zeitschrift für Klinische Medizin*, 12, 40, 1985, 897-900.

<sup>77</sup> Gisela Ehle and Jürgen Ott, “Das Syndrom Anorexia nervosa”, *Psychiatrie, Neurologie und medizinische Psychologie*, 10, 33, 1981, 580. Ehle and Ott referenced two West German articles about “anorexic families”: A. Overbeck, “Zur Wechselwirkung intrapsychischer und interpersoneller Prozesse in der Anorexia Nervosa. Beobachtungen und Interpretationen aus der Magersuchtfamilie”, *Zeitschrift für psychosomatische Medizin*, 25, 1979, 216-239; and E. Sperling and A. Massing, “Der familiar Hintergrund der Anorexia nervosa und die sich daraus ergebenden therapeutischen Schwierigkeiten”, *Zeitschrift für psychosomatische Medizin*, 16, 1970, 130-141.

this study, Professor Ehle claimed that the work of western family therapist, Minuchin, had influenced understandings of anorexia nervosa in the GDR during the 1980s.

Explanations which focused on family orientations towards achievement and discipline were used to side-step a politically unpalatable implication of anorexia nervosa. In an article published in 1984 in a Swiss journal, which presented the findings of a comparative study of a group of East German patients with anorexia nervosa and a group with post-pill amenorrhoea, Ehle noted that significantly more of the patients with anorexia nervosa had been to an institution of higher education. She continued that the high level of education among anorexic patients was a well-known fact in the literature. However, she went on to assert: "that one finds this under socialist conditions, in which the material clout of the parents does not decide the possibility of higher education, we would like to see this as an expression of the family ideology, which is oriented towards intellectual-ethical values, achievement and inner-discipline."<sup>78</sup> Here she was addressing the argument in western literature that anorexia nervosa was a "disorder" of the daughters of wealthy, middle-class families, and the implication that such a "disorder" should not be found in a classless, socialist society such as the GDR.<sup>79</sup> She countered this argument by claiming that the "disorder" had more to do with the values and interactions within individual families rather than with the uneven distribution of wealth according to class. That the values of achievement and discipline have traditionally been associated with the middle classes was ignored.

The issue of a purported link between anorexia nervosa and class was not addressed in the literature published in the GDR. Therefore East German articles did not note the socio-economic group to which anorexic patients belonged. However, an East German article published in 1985 did note that 60% of anorexic patients treated in

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<sup>78</sup> Gisela Ehle, "Das Wechselspiel sozialer, innerpsychischer und biologischer Faktoren für die Ätiopathogenese der Anorexia nervosa", *Schweizer Archiv für Neurologie und Psychiatrie*, 134, 1, 1984, 81-91.

<sup>79</sup> For examples of western studies which found an over-representation of middle and upper socio-economic groups in samples of anorexic patients, see Bemis, "Current Approaches", 610.

the Charité's Department for Paediatric Neuropsychiatry between 1978 and 1983 came from families in which the parents held degrees from either a university or a technical college.<sup>80</sup> That cases of anorexia nervosa in the GDR were more common among girls and young women from families with high levels of education and white-collar jobs is also suggested by Professor Ehle's comment during the interview conducted with her in August 2009 that none of the thirty five "anorexic" women who participated in her comparison of "anorexic" women and women with post-pill amenorrhea (published in 1984) had come from a farming or worker family.

Another issue which was not addressed in East German literature about anorexia nervosa was the role of sexual abuse as an aetiological factor. In the West, studies linking eating disorders with this type of abuse began to appear in the mid-1980s.<sup>81</sup> That such links were not made within the East German context is not surprising. Throughout the history of the GDR, sexual abuse, particularly of children, remained a taboo topic.<sup>82</sup> However, it is interesting to note that, instead of simply maintaining silence about the topic, reports about anorexia nervosa published after German reunification, actively claim that sexual abuse did not play a significant role in the aetiology of the "disorder" in the GDR.<sup>83</sup> This view was also expressed by Professor

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<sup>80</sup> U. Wunderlich and S. Häder, "Ergebnisse katamnesticcher Untersuchungen bei Kindern und Jugendlichen mit Anorexia nervosa", in Bernhard Dober (ed.), *Psychopathologie und Psychotherapie psychischer Erkrankungen im Jugendalter* (Halle: Universität Halle-Wittenberg, 1985), 66-75.

<sup>81</sup> Examples include R. Oppenheimer, K. Howells, R. L. Palmer and D. A. Chaloner, "Adverse sexual experiences in childhood and clinical eating disorders: A preliminary description", *Journal of Psychiatric Research*, 19, 1985, 357-361; G. Sloan and P. Leichner, "Is there any relationship between sexual abuse or incest and eating disorders?", *Canadian Journal of Psychiatry*, 31, 1986, 656-660; J. O. Schechter, H. P. Schwartz and D. G. Greenfield, "Sexual assault and anorexia nervosa", *International Journal of Eating Disorders*, 5, 1987, 313-316; and L. A. Goldfarb, "Sexual abuse antecedent to anorexia nervosa, bulimia and compulsive overeating: Three case reports", *International Journal of Eating Disorders*, 6, 1987, 675-680. See Glenn Waller, Joanne Everill and Rachel Calam, "Sexual Abuse and the Eating Disorders", in LeeAnn Alexander-Mott and D. Barry Lumsden (eds), *Understanding Eating Disorders: Anorexia Nervosa, Bulimia Nervosa and Obesity* (Washington D.C. and London: Taylor and Francis, 1994), 77-97.

<sup>82</sup> See Fulbrook, *The People's State*, 98.

<sup>83</sup> As noted in the introduction to this thesis, it has been claimed that "influences on anorexia nervosa such as racism, sexism, feminism, drug or sexual abuse, consuming or dieting behaviour...did not nearly have the importance in East Germany that they had in the Western countries, including West Germany." See K.-J. Neumärker and J. Hein, "Commentary I", in Mervat Nasser, Melanie Katzman and Richard Gordon (eds.), *Eating Disorders and Cultures in Transition* (New York: Taylor and Francis, 2001), 137-142.

Neumärker in the interview conducted for the current study.<sup>84</sup> He stated that when the results of a comparison study of anorexic patients in former East and West Berlin were published in the early 1990s, westerners had asked about the extent to which the topic of sexual abuse in relation to eating disorders had been considered in the East Berlin context. Neumärker admitted that they had not directly researched this topic but was adamant that it had not existed to the same extent as in the West and therefore had not been as relevant to the existence of eating disorders in the GDR. He stated his resistance to what he perceived as western attempts to push the idea that sexual abuse had been as widespread in East Germany as it had been in West Germany. The current study does not attempt to make claims about the extent of such abuse in the GDR. However, as will become clear in the next chapter, the material gathered in the interviews I conducted with former East Germans who had self-starved does raise serious questions about the validity of claims which minimise the relevance of sexual abuse in cases of anorexia nervosa in the GDR.

As has been shown, the articles from the 1980s reveal that although there was an opening up to western theories about the aetiology of anorexia nervosa, East German psychiatrists still advocated aetiological theories which were underpinned by socialist theories of dialectical materialism. These articles also reveal changes and continuities in therapeutic approaches. As will become clear, most of the developments in the treatment of anorexia nervosa reflected wider developments within East German psychiatry. However, there is also evidence that East German therapeutic approaches in the 1980s were directly influenced by western developments in this field.

The most significant development to have occurred during the 1980s was a diversification in therapeutic approaches. This involved not only the advancement of new methods but also criticisms of old ones. For example, since the 1960s, Karl Leonhard and Sieglinde von Trostorff had been promoting a method which focused heavily on rapid weight-gain. Their case reports emphasised the success of this

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<sup>84</sup> Interview conducted in Berlin on 27<sup>th</sup> August 2010.

approach, arguing that after initial resistance, the patients accepted the need to eat and became thankful and friendly. According to their reports, the patients' gratitude continued to be demonstrated upon their return to hospital for out-patient psychotherapy.<sup>85</sup> Despite their claims of success, by the 1980s treatment which focused so heavily on rapid weight-gain was coming in for criticism. For example, an article published in 1981 argued against "symptom-oriented therapy" because it often led to relapses. Furthermore, it pointed out that forced-feeding could lead to the suicide of the patient.<sup>86</sup> Although Leonhard continued to promote his feeding programme, other approaches advocated in the 1980s, while not ignoring the need for patients to gain weight, did not place it at the centre of their therapeutic programme.<sup>87</sup> According to Professor Ehle in our interview, this was particularly relevant in her work with anorexic adults in the Charité's *Nervenklinik*. Here, she asserted, there was far less emphasis on enforced weight-gain than in the Department for Paediatric Neuropsychiatry.

The articles authored by Ehle and Ott provide particularly good insight into some of the newly-developed approaches to anorexia nervosa.<sup>88</sup> The psychotherapeutic programme described by them was oriented toward group psychotherapy, based on Höck's conception of intended dynamic group psychotherapy.<sup>89</sup> It combined verbal, non-verbal and activity-based elements, such as conversation groups, communicative movement therapy, psycho-pantomime and drama, arts and crafts therapy and occupational therapy. It took place in groups of eight to ten patients who were all

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<sup>85</sup> See Sieglinde von Torstorff, "Praxis der Individualtherapie bei Anorexia nervosa und Zwangserbrechen", *Psychiatrie, Neurologie und medizinische Psychologie*, 15, 1963, 144-142; and Karl Leonhard, "Therapie der Anorexia nervosa", *Internistische Praxis*, 5, 1965, 259-265.

<sup>86</sup> Gisela Ehle and Jürgen Ott, "Das Syndrom der Anorexia nervosa", *Psychiatrie, Neurologie und medizinische Psychologie*, 10, 33, 1981, 577-588.

<sup>87</sup> Leonhard's third, revised, edition of his book *Individualtherapie der Neurosen* (1981) continued to promote the feeding programme he had devised in the 1960s.

<sup>88</sup> Gisela Ehle and Jürgen Ott, "Das Syndrom der Anorexia nervosa", *Psychiatrie, Neurologie und medizinische Psychologie*, 10, 33, 1981, 577-588; and Gisela Ehle and Jürgen Ott, "Anorexia nervosa – Ein klinischer Beitrag zum psychosomatischen Problem", in Helga Hess, Werner König and Jürgen Ott (eds.), *Psychotherapie – Intergration und Spezialisierung* (Leipzig: VEB Georg Thieme, 1980), 72-81.

<sup>89</sup> Until he left the GDR permanently in 1985, Ott worked closely with Höck and was a key figure in the development of group psychotherapy in the GDR. After taking up his position as a psychotherapist at the Charité in 1974, Ott worked with other psychiatrists at this institution, including Ehle, to modify Höck's intended dynamic group therapy for the treatment of alcoholics and patients with eating disorders. See Wolfgang Senf and Michael Geyer, "Jürgen Ott: Vermittler zwischen Ost und West", *Psychotherapie im Dialog*, 2003, 422-423.

suffering from anorexia nervosa and was conducted over a period of twelve weeks on an in-patient basis and then subsequently as an interval therapy (two days of intensive in-patient group therapy every four to six weeks). The group therapy began with movement therapy and psycho-pantomime, which aimed to get the patients to express their emotions using gestures and mimicry and then through the acting out of scenarios with other members of the group. Through the intentions of the therapist and the dynamics of the group an atmosphere was created in which the patients' "developmental deficits and maladjustments" were to become clear to them and be collectively "corrected". In this way there was purported to be a maturation of the patients' personalities as they developed a greater sense of self (*nachholdenden Ich-Entwicklung*). This emphasis on "correcting" "deficits" and "maladjustments", in order to develop an effective sense of self, reveals the neo-psychoanalytical ideas underpinning the intended dynamic group psychotherapy.

Group therapy was also the focus of the therapeutic approach described by Döll and Neumärker in their 1982 article about their work with anorexic children and adolescents. Patients were expected to take part in all the different types of group therapy offered on the ward. These included rhythmic-musical therapy, arts and crafts therapy, sport, pantomime and group conversations. The article makes clear that group therapy was set up not just for patients but also for their parents. Indeed, the parents of anorexic patients were expected to participate in group therapy with the parents of other young patients with a variety of different "mental health disorders".<sup>90</sup> This approach echoes Bruch's assertion in 1973 that "therapeutic work needs to be done with the people with whom they [the anorexics] are in daily contact."<sup>91</sup> Indeed, the 1970s had seen numerous studies into family interactional approaches and the development of family therapies in the West. Many of these western therapies focused on treating the family and patient together in a group, rather than separately as suggested by Döll and Neumärker.<sup>92</sup> However, family

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<sup>90</sup> In the interview conducted with Professor Neumärker, he stated that group therapy for parents had begun in the 1960s. It was usual for parental groups to meet once a fortnight.

<sup>91</sup> Bruch, *Eating Disorders*, 343.

<sup>92</sup> For example, in 1974 Minuchin proposed a technique called "family therapy lunch session". See Bemis, "Current Approaches", 601.

therapy in which patient and family members were treated together was not unheard of in the GDR. Indeed, a great deal of work was done in this area by Professor Michael Scholz at the Clinic for Paediatric Neuropsychiatry (*Klinik für Kinderpsychiatrie*) in Leipzig. Here, family members played a key role in the therapeutic programme of anorexic patients. However, unlike in some western programmes, they did not “live-in” with the patients in the therapeutic setting.<sup>93</sup>

Another similarity between therapeutic approaches in the GDR and in the West during the 1980s can be seen in the adoption of a behavioural therapy approach based on a system of rewards. This approach had been developed in the West in the 1960s. It sought to promote recovery by linking weight-gain to rewards, such as weekend holidays, access to television and the reception of visitors, telephone calls and mail. Behavioural therapy became widely used in western countries in the 1970s and 1980s, despite criticisms by people such as Hilde Bruch who believed it to be a form of “brutal coercion” which was “totally unsuited to the personality and character patterns of patients with anorexia nervosa.”<sup>94</sup>

Articles published in the 1980s by East German psychiatrists, Döll and Neumärker and Ehle and Ott, reveal that behavioural therapy was also being used in the GDR during this decade. Döll and Neumärker emphasised a behavioural therapy approach much more strongly than Ehle and Ott. While Ehle and Ott noted that rewards were *sometimes* used in order to motivate weight-gain, Döll and Neumärker described a system of rewards as *standard practice*. As in the West, this reward system operated around the patient’s weight determining whether or not she was allowed out of hospital for a weekend holiday. The authors described how this system was put in place as soon as the patient was admitted to the ward. On the day of admission a discharge weight, usually around twenty per cent below the Broca weight, was calculated. So too was the first weekend holiday weight. Once this weekend holiday weight had been reached, each new weekend holiday was only allowed if at least one

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<sup>93</sup> This point was made by Professor Michael Scholz in an email to me on 8<sup>th</sup> June 2012.

<sup>94</sup> Hilde Bruch, “How to treat anorexia nervosa”, *Roche Report: Frontiers of Psychiatry*, 1975. Cited in Bemis, “Current Approaches”.

kilogram was put on each week. As was common practice in the West, these agreed weights were written down in the form of a “contract” which was then given to the patient.<sup>95</sup>

It is clear that the GDR was not the only country in the socialist bloc to use behavioural therapy to treat cases of anorexia nervosa. For example, an article published in 1986 notes that this type of therapy was also used in Czechoslovakia.<sup>96</sup> However, it is also clear that therapeutic approaches differed across the countries of Eastern Europe. Unlike the East German articles from the 1980s, the 1986 article from Czechoslovakia emphasises the use of psychotropic drugs, such as haloperidol, pimozide and carbamazepine. This is not to say that such drugs were never used to treat anorexic patients in the GDR but it does seem that they were not a dominant form of treatment. Not only is their use not highlighted in East German articles but Professors Neumärker and Ehle confirmed in their interviews that the use of such drugs was not at all usual in the treatment of East German anorexic patients. Differences in therapeutic approaches across the socialist bloc were also flagged up in reports about a comparative study of treatments in West Berlin, East Berlin, Zurich, Sofia and Bucharest between 1979 and 1994. Again, the use of pharmacotherapy proved to be a marker of difference. Unlike in the first four sites, drug therapy was shown to dominate the treatment of anorexia nervosa in Bucharest.<sup>97</sup> Another difference highlighted by the study was that the duration of hospitalisation was significantly longer in East Berlin than in Sofia and Bucharest.<sup>98</sup>

According to the interview conducted with Professor Neumärker in August 2010, the treatment of “anorexic” children and adolescents in the Charité’s Department for

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<sup>95</sup> R. Döll and K.-J. Neumärker, “Bemerkungen zur Therapie der Pubertätsmagersucht”, *Das deutsche Gesundheitswesen*, 37, 15, 1982, 677-680.

<sup>96</sup> Frantisek Faltus, “Anorexia Nervosa in Czechoslovakia”, *International Journal of Eating Disorders*, 5, 3, 1986, 581-585.

<sup>97</sup> See H.-C. Steinhausen, S. Boyadjieva, M. Griogoroiu-Serbanescu and K.-J. Neumärker, “The Outcome of Adolescent Eating Disorders: Findings from an International Collaborative Study”, *European Child and Adolescent Psychiatry*, Supplement 1, 2003, 91-98.

<sup>98</sup> H.-C. Steinhausen, M. Griogoroiu-Serbanescu, S. Boyadjieva, K.-J. Neumärker and C. Winkler Metzke, “The Relevance of Body Weight in the Medium-Term to Long-Term Course of Adolescent Anorexia Nervosa: Findings from a Multisite Study”, *International Journal of Eating Disorders*, 42, 2009, 19-25.



Paediatric Neuropsychiatry in the 1970s and 1980s was influenced by “western” therapeutic approaches not only in the adoption of a rewards-based system but also in other ways. For example, Neumärker emphasised that the psychiatrists who treated “anorexic” patients in his department in the late 1980s worked intensively with types of therapy which originated from the work of Hilde Bruch. These types of therapy included mirror therapy and the analysis of patients’ diaries.

During the 1980s, the influence of western approaches was not only evident in the treatment of anorexia but also in its diagnosis, as illustrated by references to Feighner’s 1972 diagnostic criteria and the DSM-III-R. Western psychometric tests, such as the Minnesota Multiphasic Personality Inventory (MMPI), were also utilised.<sup>99</sup> Thus, in a period in which certain psychological theories, such as Freudian psychoanalysis, were still officially rejected as being incompatible with socialist ideology, western psychological “instruments”, such as diagnostic criteria and psychometric tests, were deemed to be useful and acceptable tools within the socialist context.

Despite the developments outlined above, the use of “western instruments”, as well as co-operation with western colleagues, was not always deemed to be acceptable by the East German authorities. This is starkly highlighted by the co-operation between Professor Neumärker at the Charité’s Department for Paediatric Neuropsychiatry and Professor Steinhausen at the Department for Paediatric Psychiatry and Neurology at the Free University in West Berlin. Beginning in 1985, Neumärker and Steinhausen began a joint longitudinal study of eating disordered patients in East and West Berlin, which adopted a unified approach to the “assessment of developmental, social, clinical, and psychological data.”<sup>100</sup> This involved the utilisation of western research

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<sup>99</sup> In 1981, Ehle and Ott reported on their use of the MMPI. See Ehle and Ott, “Das Syndrom Anorexia nervosa”, 584. The MMPI was developed in the late 1930s by psychologist Starke R. Hathaway and psychiatrist J.C. McKinley at the University of Minnesota. It was designed to identify personality structure and psychopathology.

<sup>100</sup> Klaus-Jürgen Neumärker and Andreas Joachim Bartsch, “Perspectives of eating disorders from the Charité Hospital in Berlin”, *European Child and Adolescent Psychiatry*, 12, 2003, supplement 1, 4-19. Quotation from p. 13. The study eventually involved sixty adolescent eating-disordered patients who were treated as in-patients in West Berlin between 1979 and 1988, and thirty nine adolescent eating-disordered patients who were treated as in-patients in the Charité’s Department for Paediatric

methods, such as the Eating Attitudes Test (EAT) and the Eating Disorder Inventory (EDI).<sup>101</sup> However, due to the state-imposed restrictions faced by East German scientists and medics regarding co-operation with western colleagues, this joint study had to be conducted in a furtive manner.<sup>102</sup> It was only after the fall of the Berlin Wall that an open exchange of the data obtained from this joint endeavour became possible.<sup>103</sup> As will become clear in the next section, the fall of the Berlin Wall in 1989 also led to changes in the ways in which the topic of anorexia nervosa was presented to the East German public.

### III. Relaying Discourses about Anorexia Nervosa to the East German Public in the 1980s

Writing in the United States in 1978, Hilde Bruch noted in the preface to her book on anorexia nervosa that:

Formerly no anorexic patient had ever heard of such a condition...Today most patients have read or heard about anorexia nervosa, before or after they became sick...The illness used to be the accomplishment of an isolated girl who felt she had found her own way to salvation. Now it is more a group reaction.<sup>104</sup>

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Neuropsychiatry between 1985 and 1989. See Hans-Christoph Steinhausen, Svetlana Boyadjieva and Klaus-Jürgen Neumärker, "Transcultural Comparisons of Adolescent Eating Disorders", in Hans-Christoph Steinhausen (ed.), *Eating Disorders in Adolescence: Anorexia and Bulimia Nervosa* (Berlin and New York: Walter de Gruyter, 1995), 37-46.

<sup>101</sup> Both the EAT and EDI are used to test for eating disordered attitudes and behaviours. The EAT was developed by David Garner and Paul Garfinkel at the University of Toronto in the 1970s. See David Garner and Paul Garfinkel, "The Eating Attitudes Test: An Index of the Symptoms of Anorexia Nervosa", *Psychological Medicine*, 9, 1979, 273-279. The EDI was developed by David Garner, Marion Olmsted, Janet Polivy and Paul Garfinkel in the early 1980s. See David Garner, Marion Olmsted, Janet Polivy and Paul Garfinkel, "Comparison between weight-preoccupied women and anorexia nervosa", *Psychosomatic Medicine*, 46, 1984, 255-266.

<sup>102</sup> Although academic exchange between the GDR and western nations had become more commonplace since the early 1970s, it remained tightly controlled and monitored by the East German authorities.

<sup>103</sup> According to the results of this study, the anorexic patients in East and West Berlin revealed the same "core psychopathology". This included a disturbed attitude towards food; a fear of being fat; and body image disturbance. However, a number of key clinical differences between the two cohorts were also noted. For example, the East Berlin patients had fewer clinical symptoms, such as lanugo and bradycardia. See Neumärker and Bartsch, "Perspectives of eating disorders"; and Steinhausen, Boyadjieva and Neumärker, "Transcultural Comparisons".

<sup>104</sup> Hilde Bruch, *The Golden Cage: The Enigma of Anorexia Nervosa* (Cambridge, MA: Harvard University Press, 1978), xii.

Bruch wrote this at time when American newspapers, women's magazines and the alumnae magazines of elite women's colleges had been warning Americans of the dangers of anorexia nervosa for nearly a decade.<sup>105</sup> Thus, in the United States popular knowledge of the existence of a "disease" called anorexia nervosa and its associated self-starving practices was widespread. According to Bruch, this had led to the phenomenon of mimetic self-starving behaviour, particularly among girls and young women from affluent backgrounds.<sup>106</sup>

The situation in the GDR was markedly different. It was only in the 1980s that the topic of anorexia nervosa began to appear in the East German press. Not only did press coverage of this topic begin much later than in the United States, it was also much more muted, with only occasional reference to it in the popular press. The earliest example which I have found dates from 1980. In this year, the popular health magazine, *Deine Gesundheit*, published an article entitled "*Magersucht*".<sup>107</sup> Authored by Hans-Albrecht Ketz, a leading scientist at the Central Institute for Nutrition, the article begins with Hoffman's story of *Suppen-Kasper* – the boy who refused to eat his soup.<sup>108</sup> The accompanying illustration shows Kasper becoming thinner and thinner, until finally he is in his grave. Opening the article in this way might have given readers the impression that *Magersucht* typically affected young boys. However, readers were soon disabused of this assumption. The text makes plain that "*Magersucht* in the strictest sense" (*Magersucht im engeren Sinne*) or "*Anorexia nervosa*" is most common in pubescent girls who have above average achievements in school. The article describes the food-refusal typical of these girls and the effects such behaviour

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<sup>105</sup> Brumberg argues that 1970 was the beginning of "a decade of national education about anorexia nervosa." See Brumberg, *Fasting Girls*, 12.

<sup>106</sup> In a later article, Bruch describes this phenomenon as the emergence of "me too anorectics". See Hilde Bruch, "Anorexia Nervosa: Therapy and Theory", *American Journal of Psychiatry*, 139, 1982, 1531-1538. In the Federal Republic of Germany and in West Berlin, articles about eating disorders, including anorexia nervosa, were appearing in the popular press by the 1980s. For example, see *Courage*, 11, 1980; and the special edition of *Emma* in 1984 entitled "Durch dick und dünn". According to Tilmann Habermas, articles about bulimia nervosa appeared in *Brigitte* in 1983 and 1984. See Tilmann Habermas, *Zur Geschichte der Magersucht: Eine medizinspsychologische Rekonstruktion* (Frankfurt am Main: Fischer Taschenbuch Verlag, 1994), 196.

<sup>107</sup> "*Magersucht*", *Deine Gesundheit*, March 1980, 85-87.

<sup>108</sup> The story of *Suppen-Kasper* appears in the well-known children's book *Der Struwwelpeter* (*Shockheaded Peter*) written by Heinrich Hoffmann and first published in 1845.

has on their bodies but it does not attempt to explain the causes of this food-refusing behaviour. The article does, however, stress that there are different forms of *Magersucht*. It suggests that anorexia nervosa is the type of *Magersucht* associated with pubescent girls. *Magersucht* in adults is deemed to have different causes. The article claims that in adults it is usually an accompanying symptom of other diseases, such as tuberculosis and dysentery. Another cause of *Magersucht* in adults is stated to be substance abuse (*Genußmittelmißbrauch*), such as chain-smoking and alcoholism. Therefore, this article authored by a nutritional scientist differs significantly from articles written by East German psychiatrists who worked with “anorexic” patients. Unlike in the East German medical press, the author of this article seems to suggest that anorexia nervosa, as it presents in pubescent girls, is not found among the adult population.

Another article which made reference to anorexia nervosa appeared in the East German press in 1982. However, this article gave even fewer details than the one published in 1980. The main point of the 1982 article was to instruct “underweight” East Germans on how to put on weight if they felt they would benefit from doing so. Only the following passing reference was made to anorexia nervosa:

Occasionally, a psychologically determined *Magersucht*, called anorexia nervosa, appears in young people. This is not to be treated with advice from the newspaper but by a doctor.<sup>109</sup>

Another brief reference was made to anorexia nervosa in an article in *Junge Welt* in 1988. As noted in chapter four, this article suggested that it was a form of “excessive” dieting among young girls. It also stated that “this disease is currently on the increase in all highly developed, industrial countries, including the GDR.”<sup>110</sup>

I have found only one article, published in an East German popular magazine before the fall of the Berlin Wall in 1989, which dealt exclusively with the causes and consequences of anorexia nervosa, and which relayed to the public dominant East

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<sup>109</sup> “Auch Appetit muß sein”, *Wochenpost*, 12.3.1982.

<sup>110</sup> “Der Figur zuliebe extrem hungern?”, *Junge Welt*, 3.11.1988.

German psychiatric discourses on the topic. Entitled “*Magersüchtig*” (Anorexic), this article appeared in the magazine *Deine Gesundheit* in August 1987.<sup>111</sup> It took the form of an interview with psychiatrist Gisela Ehle, who spoke about her fourteen years of experience treating anorexic patients at the Charité Hospital in East Berlin. The article also included a case-study of a twenty six year old East German woman, Christa Sch., who was recovering from *Magersucht*. Although the article focused exclusively on the topic of *Magersucht* in girls and young women, it did differentiate between the “ascetic type” (*Askese-Typ*) of *Magersucht*, which revolved around food restriction, and “vomiting anorexia” (*Brechanorexie*), which revolved around a cycle of starving, bingeing and vomiting.<sup>112</sup>

In accordance with dominant psychiatric discourse, both the interview with Ehle and the case-study of Christa Sch. presented *Magersucht* as a psychological problem rooted in the psyches of individual girls and young women. Throughout the article there is a strong discourse of gendered “normality”. “Anorexics” and their behaviours are presented as deviating from the “normal” responses and behaviours of their peers. For example, Ehle is quoted as saying that dieting in order to lose weight and to meet contemporary fashion ideals is “perfectly normal” (*etwas völlig Normales*). However, “anorexic” girls have become addicted to this behaviour and have, by implication, stepped beyond the bounds of “normality”. Similarly, unlike their peers, “anorexics” have been unable to cope “normally” (*nicht normal verkraftet*) with the transition from childhood to adulthood. The article applies this discourse of “normality” not only to explanations of why some girls become “anorexic” but also to their recovery. This is most clearly seen in Ehle’s statement that:

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<sup>111</sup> “Magersüchtig”, *Deine Gesundheit*, August 1987, 248-251.

<sup>112</sup> Although Ehle’s 1987 article included a discussion of the role of vomiting in some cases of anorexia nervosa, my research suggests that the first East German popular press article to deal exclusively with the topic of bulimia appeared in the women’s magazine, *Für Dich*, in January 1990. Like the 1987 article about anorexia nervosa, this article also took the form of an interview with psychiatrist Gisela Ehle. See “Essen, weil die Seele hungert?”, *Für Dich*, January 1990.

I can only consider the *Magersucht* to be cured when the patient has regained her periods, lives in a normal partnership and accepts herself as an adult woman – to be exact, only when she has a child and has come to terms with it.

This message is reinforced in the case study of Christa Sch. which ends with the reader being told that the most important factor in Christa's on-going recovery from *Magersucht* was that she had found herself an understanding husband and that "in living with her husband and in the expectation of their child lies her greatest chance to live a normal life." Thus, at the heart of this article, as in the literature in East German medical journals, is a discourse which explicitly links anorexia nervosa to normative notions of gender and heterosexuality. Furthermore, a time-based narrative is employed which charts a journey from a pathological, abnormally-gendered self to a healthy, normally-gendered self which accepts the role of wife and mother.

The concept of "anorexic families" is also discussed in the article from 1987. Ehle presents "anorexic families" as families in which great value is placed on achievement and in which open conflict is avoided. This is a theme to which she later returned in her televised public lecture on the topic of eating disorders. This lecture, which aired in 1990, was part of a long-running series of "Sunday lectures from the Berlin Charité".<sup>113</sup> The main purpose of the lecture was to educate the East German public about eating disorders, which were defined by Ehle as *Magersucht*, *Ess-Brechsucht* (bulimia nervosa) and *Fettsucht* (obesity).

During most of this lecture Ehle talks in very general terms about eating disorders, rather than specifically about their existence within the GDR. For example, the viewer is told that "it is not possible to say exactly how many people are affected [by anorexia nervosa], but there is general agreement that in all industrialised countries where there is anorexia, the numbers have multiplied in the last ten to twenty years." Only when speaking about bulimia nervosa does Ehle refer specifically to the

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<sup>113</sup> Ehle's lecture on eating disorders was the 77<sup>th</sup> *Sonntagovorlesung der Berliner Charité*. The first Sunday lecture of the Berlin Charité was held on 13<sup>th</sup> March 1977.

GDR: “In the last two years in the GDR, this problem has increasingly been emerging in doctors’ surgeries. I am convinced that there is a huge black hole of cases which will perhaps come in for treatment in the near future.”

The content of the lecture is similar to the 1987 article in *Deine Gesundheit* and to many of the articles published in East German medical journals in the 1980s, in so far as it roots anorexia nervosa in individual psychology and within certain types of families. However, unlike the popular press and medical journal articles, the lecture pays significant attention to the role of culture in the development of the “disorder”.<sup>114</sup> Ehle argues that throughout the history of western civilisation, asceticism has been positively valued in religious and medical practice. Furthermore, she notes that in the twentieth century a cult of slenderness (*Schlankheitskult*) developed. This was linked, she argues, to the rise of advertising and particularly to the use of sexualised images of the female body. In this context, she argues, slenderness has become associated with intelligence, productivity, health and attractiveness, while fatness has become associated with stupidity. She also notes that women face greater social pressure than men to be slim. This public engagement with the role of cultural factors in the development of anorexia nervosa, and the implication that they were relevant not only in the West but also in the GDR, distinguishes this lecture from the earlier popular press and medical journal articles on the topic. This development can only be understood in the context of greater intellectual freedom in the wake of the fall of the Berlin Wall in the previous year. Furthermore, it marked the beginning of eastern Germany being opened up to a flood of popular media discourses on the topic of eating disorders, which will be explored in the following chapter.

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<sup>114</sup> I have found only one East German article from before 1990 in which there is an explicit, but unexplored, reference to cultural body ideals: “[c]urrently in our culture, the slender ideal is linked with the terms “health, beauty, intelligence, Leistungsfähigkeit”, conversely, bodily fullness is less socially recognised. The increase in anorectic disorders in all industrialised countries might have its roots in this. In countries where hunger reigns, this disease is unknown.” See Gisela Ehle, Ina Preller and Wolfgang Preller, “Zur Klassifizierung des Syndroms der Anorexia nervosa”, *Zeitschrift für Klinische Medizin*, 12, 40, 1985, 897-900.

#### IV. Conclusion

Throughout the period 1949 to 1990, East German psychiatric discourses and treatments of anorexia nervosa were heavily influenced by socialist ideology. In the 1950s and early 1960s, this was most clearly evident in the use of the ideas of Pavlov and Bykov to understand the “disorder”. From the 1960s, the emphasis on group therapy was directly related to the centrality of the notion of collectivism within socialist ideology. However, although this ideology underpinned East German psychiatric discourses, approaches to anorexia nervosa within the GDR were not characteristic of the socialist bloc as a whole, rather they were informed by developments within the specific context of the discipline of psychiatry within East Germany. This can be seen most clearly in the adoption of Kurt Höck’s intended dynamic group therapy.

Despite the continued importance of socialist ideology to East German psychiatric discourses and treatments of anorexia nervosa throughout the history of the GDR, they did not develop in isolation from western developments in this field. This can be seen in the adoption of therapeutic approaches in the 1970s and 1980s which originated in the work of Hilde Bruch, and in the instances of co-operation between East and West German psychiatrists, such as Professors Neumärker and Steinhausen. Furthermore, through the work of East German psychiatrists, such as Ott and Ehle, psychoanalytic approaches were engaged with in East German literature on anorexia nervosa during the 1980s.

A particularly striking continuity in East German discourses about the aetiology of anorexia nervosa throughout the period 1949 to 1990 is that, although frequent references were made to the inter-relationship between biological, social and psychological factors, very little attention was paid to the role of the wider cultural context. When social factors were implicated in the emergence of anorexia nervosa, they were identified as factors within the immediate social environment of the individual, such as the family. Furthermore, the individual was regarded as having developed “abnormally”. According to many of the texts analysed in this chapter, this



“abnormal” development was characterised by two failings located within the individual: the failure to develop gender-appropriate ways of being and the failure to develop in line with heterosexual norms of attraction and behaviour. Rather than exploring ways in which cultural gender and heterosexual norms were productive of anorexia nervosa, the texts offered the simple conclusion that self-starvation was a pathological response linked to the individual’s failure to conform to these norms. In this way, and in the idea that an individual’s acceptance of a gender-appropriate, heterosexual normative way of being was indicative of recovery, East German psychiatric discourses reproduced the gendered cultural discourses which, arguably, played a key role in the production of anorexia nervosa in the first place.

That East German psychiatric discourses failed to implicate the wider cultural context in the development of anorexia nervosa is hardly surprising. The concept of sexual equality (*Gleichberechtigung*) was a central tenet of official East German rhetoric. Thus, arguments which highlighted the hollowness of the GDR’s claim of sexual equality by suggesting that the continued existence of traditional gender structures were implicated in the self-starving behaviour of some of the GDR’s female citizens would not have been tolerated.<sup>115</sup> However, it is important to acknowledge that in the West, too, psychiatric discourses tended to locate anorexia nervosa within the psyches of individuals and failed to consider the role of the wider cultural context. Exceptions to this were those approaches promoted by therapists, such as Susie Orbach, which were heavily influenced by feminist theories about cultural gender norms. The absence of a feminist movement in the GDR, in conjunction with the limits imposed on East German psychiatry by the socialist dogma of the state authorities, meant that such theories had no place within East German psychiatric discourses about anorexia nervosa.

A final key difference between discourses in the GDR compared to in the West is that until the late 1980s East German psychiatric discourses did not inform a public

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<sup>115</sup> A parallel can be drawn here with alcoholism. As pointed out by Fulbrook, in the GDR alcoholism became categorised as a mental illness with its roots in the individual, rather than in East German society. See Fulbrook, *The People’s State*, 105-106.

discourse about anorexia nervosa. Even when this did begin to happen, references to the “disorder” in the popular media remained so few and far between that throughout the period 1949 to 1990 a public discourse on the topic of anorexia nervosa remained largely absent in the GDR. Like all forms of “mental illness”, anorexia nervosa remained a relatively taboo topic.<sup>116</sup> As will be shown in the next chapter, this absence of a popular discourse had a significant impact on how individual East Germans experienced and understood their self-starving practices.

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<sup>116</sup> Other taboo topics in the GDR were suicide and work-related ill health. See Fulbrook, *The People's State*, 106-108.

## Chapter 6

### Personal Experiences and Popular Perceptions of Self-Starvation

In August 2010 an article about my project was published in the *Berliner Zeitung*.<sup>1</sup> The title of this article was “Socialist Anorexia”. This title had not appeared in the proof copy I had read and it is not a term I had used in my interview with the *Berliner Zeitung* journalist. It is unclear who came up with this title but it is certain that the term “socialist anorexia” offended a number of former GDR citizens, who believed that the article was suggesting that a specifically socialist form of anorexia had existed in the GDR. In response to the article, I received many emails, letters and telephone calls. Some of these were extremely negative in tone and content. For example, a certain Frau Z. from Berlin took it upon herself to write a letter expressing the extent of the offense caused to former GDR citizens. She began her letter with the following words:

As a former GDR citizen, this article made me incandescent with rage (*brachte mich zur Weißglut*). Socialist anorexia as a PhD topic is irreverent (*pietätlos*) and embarrassing (*peinlich*) from the perspective of former GDR citizens.<sup>2</sup>

Frau Z., who had been born in 1941 and had arrived in Berlin in 1945 as a refugee (*Heimatvertriebene*) with her mother and two siblings, wrote that she perceived my project as yet another attempt to drag the lives of former GDR citizens through the dirt (*Warum muss alles im Leben der ehemaligen DDR-Bürger in den Dreck gezogen werden[?]*). She pointed out that she was not a political GDR fanatic (*eine politische DDR-Fanatikerin*) but she was keen to assert that there had been many positive aspects to life in the GDR. These positive aspects included warm personal inter-relationships (*das Miteinander der Menschen*), all-day school for children, sufficient Kindergartens, free sport schools and affordable cultural events. She contrasted these positive aspects of life in the GDR with negative aspects of life in reunified Germany: unemployment, poverty, family break-ups due to frustration-drinking

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<sup>1</sup> “Sozialistische Magersucht”, *Berliner Zeitung*, 194, 21/22.8.2010, 15. See appendix.

<sup>2</sup> Letter dated 1<sup>st</sup> September 2010.

(*Frust-Sauferei*) and weekend marriages brought about by couples having to work in different cities.

The notion that a study addressing the topic of self-starving behaviour in the GDR represented a politically motivated, western attempt to belittle the GDR featured in other responses to the article. For example, this idea was forcefully asserted by an anonymous female caller on the day the article was published. This caller felt that the fact that the article was such a “big piece” in the *Berliner Zeitung* proved that the study was politically motivated and supported. She also stressed her belief that eating disorders (*Essstörungen*) had not been a “problem” in the GDR. This was the line taken by another respondent, who likened the study of anorexia in the GDR to a study of mosquito bites among “Eskimos”. Clearly, Herr X. (born 1938 and a self-defined East Berliner), believed that anorexia nervosa had been an insignificant and irrelevant occurrence in the GDR.<sup>3</sup>

All of these responses suggest a significant degree of defensiveness about how life in the GDR is portrayed in historical studies and in the media.<sup>4</sup> However, they also seem to suggest a genuine belief that self-starving behaviour was an insignificant, possibly even non-existent, “problem” in the GDR. It is worth considering why such a belief should exist. Perhaps the most important explanatory factor is that, as discussed in the previous chapter, there was very little East German media coverage of eating disorders, such as anorexia and bulimia nervosa. It was only after the fall of the Berlin

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<sup>3</sup> Letter dated 25<sup>th</sup> August 2010.

<sup>4</sup> In the wake of German reunification there was growing resentment among former East Germans about what Daphne Berdahl describes as a “general and often systematic devaluing of the GDR past”. As outlined by Berdahl, this included the selling off of East German factories to western companies, the discrediting of the GDR educational system, the renaming of schools, streets and other public buildings, comparisons of the GDR with the Third Reich and “discourses of capitalist triumphalism” which ridiculed the “backwardness” of East Germany. In response many East Germans became not only defensive about how the GDR was portrayed in historical studies and the media but, in a phenomenon which became known as *Ostalgie*, they also began to celebrate certain aspects of life in the GDR. Although there is evidence to suggest that *Ostalgie* is of diminishing relevance in today’s Germany, as Paul Kubicek points out, it is still a real and persistent phenomenon. See Daphne Berdahl, *On the Social Life of Post-Socialism: Memory, Consumption, Germany* (Bloomington: Indiana University Press, 2010), chapter 3; and Paul Kubicek, “The Diminishing Relevance of *Ostalgie* 20 Years after Reunification”, in Katharina Gerstenberger and Jana Evans Braziel (eds), *After the Berlin Wall: Germany and Beyond* (Basingstoke: Palgrave Macmillan, 2012). See also Paul Cooke, *Representing East Germany since Unification: From Colonisation to Nostalgia* (Oxford and New York: Berg, 2005).

Wall that East Germans began to be exposed to more regular reports about the existence of these eating disorders. It is feasible that this gave the impression that eating disorders were either an entirely new phenomenon or one which had previously only existed in the West.

Many of the numerous articles in the German press in the first half of the 1990s to address the topic of eating disorders focused particularly on the subject of bulimia.<sup>5</sup> For example, two months after German reunification, the *Berliner Zeitung* published an article entitled “Too little help for eating and vomiting disorders”.<sup>6</sup> The article informed readers about a recently-held conference which had addressed the topic of eating disorders. This conference, held at the Charité Hospital in (East) Berlin, had been attended by medical professionals (*Mediziner*), therapists (*Therapeuten*) and sufferers (*Betroffenen*) from “East and West”. Readers were told that the term eating disorders (*Eßstörungen*) included bulimia (*die Bulimie/die Eß-Brechsucht*), anorexia (*Magersucht*) and also obesity (*Fettleibigkeit*) caused by psychosomatic disturbances. The article stated that “too little is known about this in the East German states” and that “a large number of unknown cases (*eine hohe Dunkelziffer Erkrankter*) is presumed.” Readers were also told that a former East German bulimic was trying to set up a self-help group in Prenzlauer-Berg. It was stated that, unlike in Munich, Kiel and the western part of Berlin, there currently existed no advice centre for eating disorder sufferers in former East Berlin.

In some ways the article “Too little help for eating and vomiting disorders” was unusual because it suggested that “unknown numbers of sufferers” had existed in the GDR. Most articles in the early 1990s did not explicitly state or suggest that the eating disorders, anorexia and bulimia, had existed in the GDR. For example, an article

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<sup>5</sup> Examples include, “Essen, weil die Seele hungert?”, *Für Dich*, January 1990; “Die Sucht am Kühlschrank fordert viele Opfer”, *Süddeutsche Zeitung*, 28.2.1990; “Informationstag für Mager-, Eß- und Brechsüchtige”, *Die Tageszeitung*, 4.11.1991; “Löst Hormon die krankhafte Eßsucht aus?”, *Berliner Morgenpost*, 5.4.1992; “Immer mehr und nie genug”, *Die Zeit*, 1.5.1992; “Wenn die Seele hungert...”, *Berliner Morgenpost*, 19.7.1992; “Bulimie – wenn Essen zur Qual wird”, *Berliner Kurier*, 21.9.1992; “Das Schicksal von Annegret T. (44): “Ich könnte einfach immer nur essen””, *Berliner Kurier am Sonntag*, 7.11.1993; “Bulimie holte sich schon 500 000 Opfer”, *Berliner Kurier*, 30.6.1994; and “150 Liegestütze und Steinschleppen bis zum Umfallen”, *Der Tagesspiegel*, 31.8.1995.

<sup>6</sup> “Zu wenig Hilfe bei Eß- und Brechstörungen”, *Berliner Zeitung*, 15.12.1990.

which appeared in *Der Tagesspiegel* in September 1990 stated that the number of calls to the (West) Berlin-based eating disorder advice service *Dick und Dünn* (Thick and Thin) had been eighteen per cent higher than in the previous year.<sup>7</sup> The article did not suggest any particular explanation for this. For example, it did not moot the possibility that the increased number of calls was partly due to inquiries from East Germans who before the fall of the Berlin Wall had not had access to the service. Nevertheless, one cannot help wondering if this was indeed part of the unstated explanation.

Other articles published in the early 1990s suggested that eating disorders, particularly bulimia, were a growing problem in Germany but made no comment about the extent to which they had previously existed in the GDR. For example, an article in the *Berliner Zeitung* in February 1991 stated that “the number of people in Germany suffering from eating disorders (*Eßstörungen*) will continue to grow”.<sup>8</sup> Readers were told that the number of people suffering from bulimia was expected to more than double in the next ten years. The article asserted that social demands, such as careers which demanded female slenderness, were mainly responsible for this. References to social demands which were strongly associated with the western “elbow society” promoted the idea that eating disorders, such as bulimia, were “illnesses” of western, capitalist societies. So too did the suggestions that bulimia was a new “illness” and that eating disorders had been growing particularly rapidly in the former GDR since reunification. For example, the article “Food addiction – the new affliction of Berlin girls and women”, which appeared in the *Berliner Kurier am Abend* in January 1992, strongly promoted the idea that bulimia was a previously unknown “disorder” in Berlin (East and West).<sup>9</sup>

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<sup>7</sup> “Eßsüchtige sind im Beruf oft sehr ehrgeizig”, *Der Tagesspiegel*, 12.9.1990.

<sup>8</sup> “13 Millionen Deutsche leiden an Übergewicht”, *Berliner Zeitung*, 11.2.1991. The article stated that 250,000 German girls and young women were either anorexic or bulimic. It also stated that 13 million Germans were overweight.

<sup>9</sup> “Eßsucht – das neue Leiden der Berlinerinnen”, *Berliner Kurier am Abend*, 14.1.1992. The title of another article published in 1992 in a new tabloid newspaper aimed at former East Germans also gave the impression that bulimia was a new illness of the 1990s. See “Bulimie: Die neue Krankheit der schönen Frauen”, *Super!*, 10.7.1992. A short article which appeared in the *Berliner Kurier* in 1994 clearly stated that eating disorders were growing particularly rapidly in eastern Germany. However, it gave no explanation for this. See “Eß-Störungen nehmen zu”, *Berliner Kurier*, 15.12.1994.

The assumption that eating disorders are rooted in the norms of capitalist, but not socialist, societies and were therefore unheard of in the GDR was most clearly stated in an article in the German women's magazine, *Emma*, in 2002.<sup>10</sup> This article took the form of an interview with British psychotherapist Susie Orbach, who has written extensively on the topic of eating disorders.<sup>11</sup> The interviewer stated that in the former GDR eating disorders had only appeared with German reunification in 1990 and with the introduction of capitalism to that area. Orbach replied that this was exactly so. According to Orbach in this interview, before 1989 the eastern bloc and its population had perceived itself as being in opposition to western influence and for as long as this had been so, the problem of eating disorders had been largely unknown. She pressed home her point by stating that all this had changed with the fall of the Berlin Wall and the subsequent adoption of capitalism. Thus, it can be argued that with these words Orbach both reflected and furthered the popular misconception that eating disorders are western, capitalist phenomena which had not existed in the GDR.

An analysis of media coverage of the topic of eating disorders before and after the fall of the Berlin Wall thus gives us some insight into why many people (from both the former eastern and western blocs) assume that eating disorders, such as anorexia and bulimia, were an insignificant or non-existent "problem" on the eastern side of the Iron Curtain. However, this study has shown that this assumption is false. Cases of anorexia nervosa were treated in East German hospitals throughout the forty year period of the GDR's existence and there is evidence that in the 1980s the number of cases was increasing. The oral history interviews upon which this current chapter draws are testament to the fact that eating disorders were very real "problems" for some East German girls and women. Some of these interviews also highlight the fact that the extent of eating disorders in the GDR was hidden because

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<sup>10</sup> "Wenn ich hungrig bin, esse ich", *Emma*, 2, 2002, 50-54.

<sup>11</sup> See, for example, Susie Orbach, *Hunger Strike: The Anorectic's Struggle as a Metaphor for Our Age* (New York: Norton, 1986) and Susie Orbach, *Fat is a Feminist Issue* (London: Arrow Books, 1998).

many East Germans never sought medical help for their self-starving or bulimic behaviour.

### **I. Oral History: Theory and Practice**

The premise of this thesis is that the existence, in any society, of eating disorders, such as self-starvation, can only be understood through an exploration of the social and cultural context within which they occur. For this reason, the preceding chapters have explored the inter-relationships of a number of different discourses, cultural practices, material conditions and social structures relating to eating, dieting and health in the GDR. It has been argued that these inter-relationships created a social and cultural context in which East Germans increasingly experienced tensions between the “culinary context” of everyday life and a “discursive context” which encouraged them to perceive and experience their bodies and consumption habits according to particular dichotomies of normal/abnormal, healthy/unhealthy, attractive/unattractive, moral/immoral. This, it has been asserted, provided fertile ground for rising somatic individualism in which the body and consumption (or non-consumption) came to be seen increasingly as an important means of expressing the self and an ever-more significant site of struggles for control and identity, particularly for East German girls and women in the 1970s and 1980s. In this way, this study has posited a link between these developments and food restricting practices, such as dieting and self-starvation, in the GDR in the 1970s and 1980s.

Thus, at the heart of this thesis has been an attempt to bridge the gap between body, self and society – that is, to understand how subjectivities and personal practices are shaped by social and cultural context. The process of conducting and interpreting oral history interviews formed an important part of this effort. However, before an in-depth discussion of these interviews can begin, it is necessary to outline the ways in which oral history can and cannot aid this project.

Most importantly, it cannot be claimed that the testimony given by the narrators enables us to uncover some ultimate “Truth” about why they developed self-starving



practices. This is because the narrators themselves cannot be certain about why they began to behave in this way. At best, they can put forward *theories* to explain their actions. However, rather than lament the inability of oral history testimony to reveal “Truth”, it must be recognised that it is these theories which are of the greatest interest to the oral historian. Indeed, such an argument has been advanced by many oral historians who, since the 1970s, have asserted that the most valuable aspect of oral history testimony lies not in *what* is said but in *why* and *how* it is said.<sup>12</sup> For this reason, much of the interpretation of the oral history testimonies presented in this chapter will focus on exploring the ways in which the interviewees framed their personal experiences within various social discourses. As we shall see, in order to understand and give meaning to their personal experiences, the interviewees drew not only on medical, therapeutic and popular discourses about eating disorders but also on public discourses about the GDR and about how life in the GDR compares with life in reunited Germany. Thus, in the discussion that follows, it is acknowledged that the interviewees’ memories of their experiences in the GDR and their reflections on why they began to self-starve are heavily influenced not only by their experiences of life in the GDR and by the discourses which shaped these experiences at the time, but also by their experiences of life since the *Wende* and by *post-Wende* social discourses.<sup>13</sup> This is in keeping with Annette Kuhn’s assertion that memory “is neither pure experience nor pure event. [It] is an account, always discursive, always already textual.”<sup>14</sup> Furthermore, it is important to note that the forthcoming discussion takes the position that the process by which individuals attempt to understand and give meaning to their personal experiences is characterised by an on-going personal *negotiation* with the various social discourses which are, and have been, at their disposal. Consequently, as will become clear, some of the narrators’

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<sup>12</sup> See Lynn Abrams, *Oral History Theory* (Abingdon and New York: Routledge, 2010), chapter one. Here, Abrams points to the seminal work of Luisa Passerini. See Luisa Passerini, “Work, Ideology and Consensus under Italian Fascism”, *History Workshop Journal*, 8, 1979, 82-108; and Luisa Passerini, *Fascism in Popular Memory: The Cultural Experience of the Turin Working Class* (Cambridge, 1987). See also “Critical Developments: Introduction”, in Robert Perks and Alistair Thomson (eds), *The Oral History Reader* (London and New York: Routledge, 2006), 1-12.

<sup>13</sup> The term “Wende” is used to describe the social, political and economic changes in East Germany in the years 1989 and 1990.

<sup>14</sup> Annette Kuhn, “A Journey through Memory”, in T. L. Broughton (ed.), *Autobiography*, Vol. III (London, 2007), 264. Cited in Abrams, *Oral History Theory*, 79.

autobiographical memories neatly coincide with certain social discourses about the GDR or about eating disorders, while noticeably jarring with or downplaying the significance of others.

The importance of analysing the *why* and *how* of what is said does not negate the significance of *what* is said. For example, the oral history interviews conducted for this study provide an important primary source for gaining empirical information (albeit through the prism of memory) about the medical treatment of anorexia nervosa in the GDR from the perspective of those who experienced it. This is particularly important because the only other sources which provide empirical information about the medical treatment of anorexia nervosa in the GDR have been constructed by medical professionals, primarily psychiatrists. As shown in the previous chapter, these sources often painted very positive pictures of treatment and stressed its high success rates. Furthermore, these medical sources provided little insight into the subjective feelings of the patients whose treatment they were describing. In contrast to these sources, the oral history testimonies are able to provide insight into the interviewees' subjective experiences of medical intervention. Thus, they facilitate a better understanding of the effects that medical treatment of self-starvation had on vulnerable East German girls and young women.

Another point which must be addressed when considering the theory and practice of oral history is the role played by the researcher. Several of the interviewees who will be discussed in this chapter expressed their pleasure that the topic of self-starvation in the GDR was being addressed. By putting themselves forward to be interviewed, the interviewees were signalling that they wanted their experiences to be recognised. As a researcher, this seemed to be particularly important in light of the negative views expressed in some of the responses to the aforementioned *Berliner Zeitung* article. In this context, it became possible to view these oral history interviews as an act of recovering and recording the hitherto silenced and marginalised voices of those whose experiences are regarded as insignificant by society at large. However, it is important to acknowledge that, as pointed out by Alessandro Portelli, it is naïve to think that oral history enables the marginalised to

“speak for themselves”.<sup>15</sup> The creation of a primary source through oral history interviewing is heavily influenced by the researcher herself. This happens at all stages of the process: first, recruiting interviewees and preparing them for the interview; second, conducting the interviews; and, third, interpreting them.

In the case of the current study, the first step of the process of creating primary sources from the oral history interviews was completed in two stages. Initially, the interviewees had responded either to the questionnaire I had conducted in Dresden in 2009 or to the *Berliner Zeitung* article which had appeared in 2010. The interviewees had then received an information sheet about the project, before agreeing to meet for an interview.<sup>16</sup> In this way, the interviewees’ “memory frames” had been shaped by the information they had received prior to the interview. Even before meeting me, they had known that I was a PhD student, from a British university, who was interested in situating eating disorders within the wider cultural context of the GDR. However, it is important to note that the ways in which individual interviewees had responded to this information and the attitude with which they had come to the interview varied. For example, while some of them remembered having been excited when they had read the *Berliner Zeitung* article because they had been pleased that the topic was being addressed, another interviewee stated that she had decided to take part in the project because she had wanted to contradict what had been claimed in the article. Thus, all of the participants arrived at the interview with a particular story to tell but prepared to tell it in way which had been shaped by their interpretations of the information they had received about the project.

During the second stage of the process, the interview itself, my role as researcher shaped the discussion in a number of ways. First, the interview was semi-structured around a number of questions which had been pre-prepared. Roughly the same

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<sup>15</sup> See Alessandro Portelli, “What Makes Oral History Different”, in Perks and Thomson (eds), *The Oral History Reader*, 32-42. Originally published as “Sulla specificita della storia orale”, *Primo Maggio*, 13, 1979, 54-60. Reprinted as “On the Peculiarities of Oral History”, *History Workshop Journal*, 12, 1981, 96-107.

<sup>16</sup> A copy of this information sheet can be found in the appendix.

questions were asked at each interview.<sup>17</sup> However, slight alterations were made in order to take account of information with which the interviewees had already provided me. For example, I sometimes asked particular interviewees to elaborate on something they had mentioned in an email. Although I tried to keep the interview questions as open as possible and to allow the narrators space to answer them not only fully but also in their own way without my prompting, it was my questions, informed by my research interests, which largely set the agenda of the interview. As will be discussed later in the chapter, this was particularly obvious in my questions which focused on the relationship between gender and self-starving behaviour. Furthermore, it must be acknowledged that the inter-subjectivity of oral history interviews lies not only in what the interviewer and interviewee say to each other but also in how each party perceives the other. This is not always easy to determine and often involves some degree of speculation. For example, it is feasible that as a young, slim female, the interviewees perceived me as being someone to whom they could relate, possibly even as someone who had disciplined eating habits (indeed, one interviewee asked me if I had ever suffered from anorexia). However, it is equally feasible that the interviewees could have responded to the same characteristics in any number of ways, ranging from the positive to the indifferent to the negative. For my part, although I did not develop exactly the same rapport with each of the interviewees, I was sympathetic to all of them and keen to hear their stories.<sup>18</sup>

The research interests of the researcher play a particularly significant role in the third stage of the process, when the interview material is interpreted and deployed as part of an overall argument. The interpretative process invests the researcher with a significant degree of power because it is she who decides not only what is important

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<sup>17</sup> A copy of these questions can be found in the appendix.

<sup>18</sup> For a discussion of the ways in which inter-subjectivity shapes oral history interviews, see Abrams, *Oral History Theory*, chapter four; Penny Summerfield, "Dis/composing the Subject: Intersubjectivities in Oral History", in Tess Cosslett, Celia Lury and Penny Summerfield (eds), *Feminism and Autobiography: Texts, Theories, Methods* (London and New York: Routledge, 2000), 91-106; M. Michielsons, "Memory Frames: The Role of Concepts and Cognition in Telling Life-Stories", in Cosslett, Lury and Summerfield (eds), *Feminism and Autobiography*, 183-200; and Valerie Yow, "'Do I Like Them Too Much?' Effects of the Oral History Interview on the Interviewer and Vice-Versa", in Perks and Thomson (eds), *The Oral History Reader*, 54-72.

in the participants' narratives but who also determines the meaning of these narratives. Again, this is particularly starkly highlighted in the interviews in this chapter in relation to the link between gender and self-starving behaviour. For example, as will be discussed, the topic of gender is ever-present in the participants' narratives and yet, much of the time, the interviewees did not explicitly accord a great deal of significance to social gender structures in their explanatory narratives of the on-set of their self-starving behaviour. However, as a researcher sensitive to the ways in which gender structures influence individuals' subjectivities and behaviours, my interpretations of their narratives attribute considerable significance to these structures. It is therefore a fine balance between acknowledging that individuals are often unaware of the ways in which their subjectivities and behaviours are influenced by social and cultural context, and condescendingly imposing one's own interpretations on the narratives of those who have volunteered to recount their experiences. In order to prevent the latter from occurring, it is necessary to ensure that the narrators' interpretations are not discarded in an effort to prioritise the interpretations of the researcher. For this reason, in what follows, I have tried to synthesise my own interpretations with those of the narrators in a way which acknowledges boundaries between these interpretations.

Having discussed some of the key aspects relating to the theory and practice of oral history in relation to this study, it is now time to introduce the eleven narrators, upon whose testimony the rest of the chapter is based. All eleven were former East German citizens and all were women who had self-starved in the GDR. Some of them had also practiced self-induced vomiting. Most of the interviews were conducted in Berlin in 2010 and 2011.<sup>19</sup> However, there were two exceptions. The first interview was conducted in Dresden with a participant (Frau S.) who had noted in response to the questionnaire I had carried out in Dresden that she had self-starved in the GDR.<sup>20</sup> Another of the interviews (with Frau T.) was conducted via email because it was

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<sup>19</sup> Interviews conducted in Berlin: Frau A. on 31<sup>st</sup> August 2010; Frau H. on 31<sup>st</sup> August 2010; Frau G. on 1<sup>st</sup> September 2010; Frau E. on 2<sup>nd</sup> September 2010; Frau M. on 3<sup>rd</sup> September 2010; Frau D. on 3<sup>rd</sup> October 2010; Frau K. on 3<sup>rd</sup> October 2010; Frau B. on 4<sup>th</sup> October 2010; and Frau R. on 13<sup>th</sup> May 2011.

<sup>20</sup> Interview conducted on 24<sup>th</sup> July 2009.

impossible to meet the interviewee in person.<sup>21</sup> The other nine interviews were with women who had responded to the aforementioned *Berliner Zeitung* article. Although most of the interviews were conducted in Berlin, the interviewees had grown up throughout the GDR. Three had grown up in Saxony (Dresden, Annaberg-Buchholz/Hoyerswerda); three in Thuringia (Jena and Lobenstein); one in Saxony-Anhalt (Hettstedt); one in Mecklenburg-Western Pomerania (Rostock) and three in Berlin-Brandenburg (Berlin and Trebbin).

The dates of birth of the interviewees meant that, collectively, testimony was given by former GDR citizens who had self-starved in all four decades of the GDR's existence, from the 1950s to the 1980s. Although the majority of the interviewees had been born in the 1960s, there was a significant age gap between the eldest and the youngest participant. Whereas, the eldest narrator (Frau D.) had been born in 1939 and had started to self-starve in the 1950s, the youngest (Frau R.) had been born in 1971 and had begun to practice self-starvation in the 1980s. The other interviewees had been born in 1953 (Frau A.), 1961 (Frau B.), 1962 (Frau K.), 1963 (Frau E.), 1965 (Frau G.), 1966 (Frau T. and Frau B.), 1968 (Frau M.) and 1970 (Frau S.).

In terms of the interviewees' family backgrounds, there were some striking similarities. For example, all of the interviewees had grown up with siblings. Indeed, the two eldest participants had twin siblings (Frau D. had a twin brother and Frau A. had a twin sister). Furthermore, there was a certain degree of unity when the participants were asked to define the class (*soziale Schicht*) to which their family had belonged. Nine of the interviewees identified the families in which they had grown up as having belonged to either the *Intelligenz* (intelligentsia), *akademikerkreisen* (academic circles) or the *Bürgertum* (bourgeoisie). Only one interviewee (Frau K.) identified her family as having belonged to the *Arbeiterklasse* (working class), and another (Frau E.) did not answer this question. Furthermore, the majority of the interviewees had grown up in two-parent families. However, two of the participants

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<sup>21</sup> Frau T.'s email responses to the initial interview questions are dated 10<sup>th</sup> September 2010. Her email responses to my follow-up questions are dated 14<sup>th</sup> September 2010.

(Frau H. and Frau M.) had witnessed the divorce of their parents before their ninth birthday, and one (Frau D.) had lost her mother at the age of six and her father had re-married three years later in 1949. Two participants (Frau B. and Frau H.) had spent the first years of their lives living with their grandparents, before having gone to live with their parents.

In what follows, the narrators' testimonies will first be used to gain insight into subjective experiences of medical intervention in cases of self-starvation in the GDR. This will be followed by an exploration of the varied ways in which the narrators understood (at the time of interview) why their self-starving behaviour had begun. In both sections, there will be an attempt to discern commonalities between the narrators' testimonies. At the same time, an effort will be made to both situate their testimonies within wider social discourses and to recognise the individuality and uniqueness of each account.

## **II. Memories of Medical Intervention in Cases of Self-Starvation**

The previous chapter explored East German psychiatric discourses about the causes and treatment of self-starving behaviour. It charted developments in the ways in which anorexic patients in East German clinics were treated. It was demonstrated that throughout the period 1949 to 1990 much of the treatment had focused primarily on weight gain. However, by the 1980s there had also been a focus on group therapy for anorexic patients and, in the case of those aged under eighteen, for their parents as well. As already noted, articles in East German medical journals often stressed the efficacy of treatment for anorexia nervosa. This was particularly true of the articles authored by Karl Leonhard and Sieglinde von Trostorff. These articles did not address the subjective experiences of the patients except, sometimes, to assert that the patients usually returned to the clinic for their check-up happy, healthy and grateful for the treatment they had received. Claims to the efficacy of the treatment were based on the patient regaining and maintaining a medically-determined "acceptable" weight, the resumption of her menstrual cycle and her ability to lead a life which conformed to gender norms, such as engaging in

heterosexual relations and bearing/raising children. Rarely was reference made to “problematic” behaviour, such as binge-eating and self-induced vomiting, in these “cured” patients. Only by accessing the memories of those who experienced medical treatment for self-starving behaviour in the GDR can an alternative, more complex, picture of this treatment and its effects emerge.

To begin with, it is important to note that not all of the narrators experienced medical intervention. Four of the eleven were never treated specifically for their self-starving behaviour. For example, Frau G. (born 1965) asserted that she had overcome her problems without ever visiting a doctor. She stated that the key to her recovery had been moving away from her family and having been warmly welcomed into the family of her future-husband. Frau E. (born 1963) also never went to the doctors about her food refusal. She recalled that the impetus for her recovery had been the death of a schoolmate who had also been anorexic. This had highlighted to her how serious the consequences of food refusal could be. Frau E. had, however, visited the doctor because her self-starvation had led to amenorrhea. This had been treated using hormone tablets and hormone injections. Like Frau E., the other two interviewees who had never been treated specifically for their self-starving behaviour had been treated for amenorrhea. As a remedy for this, Frau K. (born 1962) had been given hormone tablets, whereas Frau R. (born 1971) had simply been told that she needed to start eating normally again. A fifth interviewee (Frau H., born 1966) had also received hormone tablets to treat amenorrhea. However, as well as this treatment she had also had one consultation at the Griesinger Psychiatric Hospital in Biesdorf, Berlin, specifically about her self-starving behaviour. Frau H. was unable to remember what had happened during this consultation. She also noted that she had visited the eating disorder advice centre, *Dick und Dünn*, after the *Wende*.

In contrast to the limited medical intervention experienced by these five interviewees, another five spoke of their experiences as in-patients in East German psychiatric wards. Three of these (Frau A., born 1953; Frau B., born 1961; and Frau M., born 1968;) had been treated in the Charité Hospital in East Berlin, one (Frau D.,



born 1939) had been treated in an internal medicine clinic in Erfurt and in a psychiatric clinic near Gera in Thuringia, and another (Frau T., born 1966) had been treated in the Child and Adolescent Psychiatric Unit of the Uniklinik in Jena. A sixth interviewee (Frau S., born 1970) had first been treated as an in-patient in a psychotherapeutic unit after the fall of the Berlin Wall in 1989. As will become clear, the experiences of the five interviewees who had been treated in East German clinics before 1989 were varied. However, all five interviewees were united in their belief that the treatment they had received had done little to help them to overcome their self-starving behaviour.

There were a number of different routes by which the five interviewees who had been treated in East German clinics before 1989 had come to be admitted to these clinics. For Frau D. and Frau A., it was after a visit to the family doctor (*Hausarzt*). In the case of Frau A., her admission to the Charité had not been immediate. For some time before this, she had had to visit her doctor each week in order to be weighed. It was her continued weight-loss which had led to her admission to the Charité. In the cases of Frau T., Frau B. and Frau M., other medical professionals had first been consulted. Frau T. had first been taken by her mother to see a paediatrician, who had then referred her to a children's psychologist at the Child and Adolescent Psychiatric Unit of the Uniklinik in Jena. Frau B. had first consulted an endocrinologist, who had been unable to find anything wrong with her; and Frau M. had first been treated by a psychologist and a neurologist. As a result of her continued weight-loss, the neurologist had recommended that she be admitted to a psychiatric clinic as an in-patient.

The interviews highlighted marked differences in the treatment which had been received by those interviewees who had been admitted to clinics in the period up to the early 1970s and that which had been received by those who had been admitted during the late 1970s and 1980s. Two interviewees (Frau D. and Frau A.) had been in-patients in the period up to the early 1970s. Frau D. had first been admitted to a clinic in approximately 1959, when she was around twenty years old. This had been an internal medicine clinic in Erfurt, where she had been diagnosed with nervous

exhaustion (*“Nervöuserschöpfung”*). She believed that there had been no mention of *Magersucht* and recalled that during her four week stay, she had received no psychotherapy but had simply been given glucose and made to eat “normally”. In response to this treatment she had begun to make herself vomit, in order to preclude weight-gain. This had led to an addiction to self-induced vomiting which had subsequently lasted for decades. Frau D.’s next in-patient experience had come approximately ten years later, when she had been admitted to a psychiatric clinic near Gera. Her admission to this clinic had occurred at the suggestion of her twin brother, who was a psychiatrist there. Frau D. had agreed to this suggestion because she had realised that things could not continue as they were (*“weil man irgendwie den Eindruck hat oder auch die Überzeugung, so wie es jetzt geht, geht’s nicht weiter”*). During the interview, Frau D. recalled how desperately she had hoped that her admission to this clinic would help her to overcome her self-starving and purging behaviour but that once she had been discharged a year later, she had continued starving, bingeing and vomiting. Frau D. remembered that in the clinic she had been force-fed with a tube. She also recalled that there had been no conversational therapy (*“Gesprächstherapie”*) and no group therapy. She remembered speaking to the doctors about music and literature but not about the “illness” or about how to recover from it. She recalled having the impression that *Magersucht* was taboo, even among the doctors. This, combined with the fact that she knew of no other patients on her ward who self-starved and the fact that anorexia was not discussed in the popular media, had made her feel as if she was the only person suffering in this way (*“Ich habe die Vorstellung gehabt, ich bin die Einzige die so was hat”*). During the interview, Frau D. stated that after the *Wende* she had undertaken therapy for five years. This had enabled her to change her attitude and behaviour towards food because the therapist had made her realise that she was worth something (*“Sie hat mir bewiesen, daß ich was Wert bin, was ich vorher auch noch so nie gehört habe”*).

Frau A.’s story was similar to that of Frau D., although with certain key differences. Like Frau D., she was twice admitted to a clinic because of her self-starving behaviour. However, unlike Frau D., Frau A.’s two in-patient stays had taken place in quick succession in the psychiatric department of the Charité Hospital in East Berlin

in the early 1970s. She recalled having being treated there by Karl Leonhard, the director of the department. Her first stay had occurred between October and December 1970. Successful weight-gain during this period had meant that she had been discharged in time for Christmas. However, a suicide attempt on 2 January 1971 had led to her being readmitted for another nine months. Unlike Frau D., Frau A. had never been force-fed with a tube. However, like Frau D., she recalled that she had received no psychotherapy (*“Gar nichts. Kein Gespräch. Nichts. Kein Psychologen. Nichts”*). Instead, the focus had been exclusively on weight-gain. She remembered how on her first day on the ward she had been forced to sit at a dining table which was separate from all of the other patients. She recalled laughingly how this table had been bedecked with food like in a fairy-tale (*“mein Tisch wurde wie im Märchen gedeckt mit Schüssel und Töpfen und Dessert”*). However, Frau A.’s laughter disappeared as she remembered how a nurse had sat with her and had tried to force her to eat it all. She recalled with horror how this had happened six times each day, leading to massive weight-gain (30kg in eight weeks). Frau A. summed up her treatment by saying that “one was just stuffed full, completely stuffed full” (*“man wurde nur vollgestopft, richtig vollgestopft”*). She also recalled that during her first stay in the clinic there had been no other anorexic patients on her ward. Indeed, she remembered being very frightened about being on the same ward as people who were suffering from a range of psychiatric disorders, including schizophrenia. However, during her second stay on the ward she had become friends with another anorexic girl, who had later committed suicide. Like Frau D., Frau A. undertook a course of psychotherapy after the *Wende*.

Frau B. and Frau M. had also been treated as in-patients in the Charité. However, this had occurred many years after Frau A.’s experiences. Frau B. had been admitted in the late 1970s, and Frau M. in 1988. While Frau A. had been treated on the adult psychiatric ward, Frau B. and Frau M. had been treated in the Department for Paediatric Neuropsychiatry. Both women remembered being forced to eat large quantities of food. Frau B. recounted with disgust how she had been forced to eat a meal immediately after having had a tooth pulled out. However, unlike Frau A. and Frau D., these two women also remembered having received different types of

therapy. Both women recounted their experiences of group therapy. Frau B. remembered that this had involved patients who were suffering from different types of “psychiatric conditions”. She recalled that there had been two other anorexic girls and others suffering from manic-depression. According to Frau B., during group therapy sessions the members of the group had had to introduce themselves and make comments about each other. Frau M. also remembered that the group therapy had involved patients with different “problems”. She recalled that there had been one other woman with *Magersucht*, who had been two or three years older than her, and another girl who was suffering from bulimia. Like Frau B., she remembered that the therapy had involved participants being open and honest and telling each other what they thought of them. Frau M. also recalled participating in movement therapy (*Bewegungstherapie*), which involved the members of the group coming into close contact with one another. Other types of therapy remembered by Frau M. included being asked to paint pictures and write daily reports. With regret she recalled that she had had very few individual therapy sessions. After her discharge from the clinic in May 1988, Frau M. had suffered from binge eating (*Fresssucht*). Of all the interviewees Frau M. was the most vocal about her anger over the therapy she had received. She regarded it as having been completely unhelpful (*“vollkommen daneben”*). She expressed the belief that what she perceived as poor treatment was typical of the “crappy East” (*“scheiß Osten”*) and she thought that she would have received better treatment in the West (*“im Westen gab’s bestimmt schon andere Behandlung...Das ärgert mich sehr”*). Like Frau A. and Frau D., Frau M. also received psychotherapeutic treatment after the *Wende*.

Another patient who asserted that she had left hospital with a propensity to binge-eat was Frau T. She had been admitted to the Child and Adolescent Psychiatric Unit of the Uniklinik in Jena in May 1981 and had been discharged in August of that year. Similar to the other four interviewees who had experienced in-patient treatment in the GDR, Frau T. remembered being forced to eat large quantities of food. However, unlike the other interviewees, she also spoke about having been treated with psychopharmaceutical drugs, such as Amitryptilin. Frau T. said she could hardly remember undergoing psychotherapy (*“An Gespräche im Sinne einer*

*psychotherapeutischen Behandlung kann ich mich kaum erinnern*”). However, she did recall that at weekends her parents had had to participate in group therapy sessions with other parents whose children were being treated in the clinic for various disorders. She remembered that there had been two other anorexic girls in the clinic. Frau T. claimed that the treatment’s focus on weight-gain had led her to eat large quantities of food so that she would be allowed to leave the clinic. This had created a pattern of binge-eating followed by vomiting and the use of laxatives once she had been discharged. She described her life after her discharge as having been a “double life”, in which she had had to hide her disordered eating for fear of being readmitted. Frau T. stated that after the *Wende* she had undertaken a course of therapy which she described as “helpful” and as “having done her good”.

The oral history testimony which has been discussed in this section provides an important source for understanding medical treatment of self-starving behaviour in the GDR. It not only reflects the developments in treatment, which can be seen in the medical journal articles discussed in chapter five, but it also provides insight into subjective experiences of this treatment. In so doing, it reveals that “successfully” treating self-starvation is far more difficult and complicated than is implied by many of the articles which appeared in East German medical journals. The majority of the narrators who had been treated as in-patients in East German clinics had continued to be plagued by “disordered” relationships to food for years after their discharge. While this is a personal tragedy for these individuals who felt that their lives had been blighted by this, it is important to note that they are not alone in feeling like this. There is evidence that many women who were treated for eating disorders in western societies between the 1960s and the 1980s also experienced treatment as having been completely or largely ineffective.<sup>22</sup> Thus, the oral history testimonies discussed in this chapter should not lead to the conclusion that the general standards of medical treatment for self-starving behaviour were “worse” in the GDR

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<sup>22</sup> For example, see L. K. George Hsu, Arthur H. Crisp and John S. Callender, “Recovery in Anorexia Nervosa – The Patient’s Perspective”, *International Journal of Eating Disorders*, 11, 4, 1992, 341-350; Joel Yager, John Landsverk, Carole K. Edelstein, “Help Seeking and Satisfaction with Care in 641 Women with Eating Disorders”, *The Journal of Nervous and Mental Disease*, 177, 10, 1989, 632-637; and Morag MacSween, *Anorexic Bodies: A Feminist and Sociological Perspective on Anorexia Nervosa* (London: Routledge, 1993), 245-246.

than they had been in western nations at this time. Nevertheless, it is interesting to note that at least one of the eleven narrators (Frau M.) framed her disappointment and anger about the treatment she had received within the public discourse of “crappy East/it would have been better in the West”. The assertions by some of the other interviewees (such as Frau D. and Frau T.) that they had only received helpful treatment after the *Wende* might also suggest a tendency towards agreement with this discourse. Ultimately, regardless of the public discourses within which the narrators framed their memories of experiences of medical intervention, their testimonies reveal that, as for many women who experienced treatment in the West during this period (and beyond), in-patient treatment was often a traumatic experience which they perceived as having failed to help them establish a “non-problematic” relationship to food.

### **III. Interviewees’ Understandings of Why Their Self-Starving Behaviour Began**

In some ways, the interview material discussed in this section is more complicated than that discussed in the previous one, which focused specifically on memories of experience. This is because the material here draws not only on memories of experience but also on the narrators’ theories about the role of experiences in their development of self-starving behaviour. It will therefore be particularly important in this section to try to understand how and why these theories have been formulated. This will be done not only by exploring those memories which the narrators regarded as significant but also by being sensitive to the social discourses within which they framed their memories and understandings of their self-starving behaviour. This can help us to gain insight into why the narrators attributed significance to some experiences but not to others. It also provides an opportunity to explore from the angle of subjective experience the discursive, social and cultural contexts of self-starving behaviour in the GDR, which have been the focus of the preceding chapters.

### ***Prior Knowledge of Eating Disorders***

As already discussed, coverage of the topic of anorexia nervosa in the East German media began much later than in the West. It was only in the early 1980s that the topic began to receive passing reference in the press. My research suggests that the first East German article to deal exclusively with the causes and consequences of anorexia nervosa did not appear until 1987. Articles dealing exclusively with bulimia did not appear until 1990. It is perhaps unsurprising, then, that in this context very few of the interviewees claimed to have had any prior knowledge of anorexia nervosa (or bulimia) before they began to self-starve.

Three of the interviewees, Frau A., Frau B. and Frau T., claimed that they had had no prior knowledge of eating disorders, other than their own personal experience, before they were admitted to hospital for treatment. Thus, it was only after they had been diagnosed as anorexic that they began to seek out information about the “disorder”. For example, Frau T., who was treated in the Uniklinik in Jena in 1981, recalled subsequently consulting medical books in bookshops, in order to find out more about her “condition”. For Frau A., who was treated in the Charité in 1970 and 1971, it was not until after the *Wende* that she had first read a book about *Magersucht*. She recalled being shocked at “finding herself” in there.

Other interviewees first heard about anorexia nervosa after they had begun to self-starve but without having been diagnosed as anorexic. For example, Frau D. recalled that when she had begun to self-starve she had thought she was behaving “abnormally” but because she had had no frame of reference for her behaviour she had not known that it was an “illness”. She remembered being hugely relieved when, at the age of 24, her twin brother, who was studying medicine, told her that he suspected she was suffering from an “illness” called anorexia nervosa. Keen to find out more, she had subsequently frequented the medical stands at the Leipzig bookfair in order to consult the medical books there. Two of the other interviewees had first found out about anorexia nervosa at school. Frau E. had begun to self-starve at boarding school (*Internat*) aged 15. She recalled how a school-friend of hers who

had had western contacts first told her about anorexia nervosa. Frau E. also expressed her belief that the topic of eating disorders had been taboo in the GDR (*“Ich denke zur DDR Zeiten war das ein bißchen Tabuthema”*). For Frau S. it was a teacher who had first brought it to her attention. She recalled that in 1989 her biology teacher had cut out an article about eating disorders from a West German magazine and had brought it in to discuss with the class.

Three of the interviewees remembered knowing other anorexic girls at school or during their apprenticeship (*“Ausbildung”*). Frau E. spoke of another girl in her seminar group at boarding school who had been “properly anorexic” (*“richtig magersüchtig”*). She recalled that this girl had later been treated in the Charité for anorexia and bulimia and had subsequently died of her “illness”. Frau M. remembered that a friend of hers in the ninth grade had become anorexic and had had to leave school in order to be treated in hospital in Halle. Another interviewee, Frau G. remembered that during her apprenticeship as a typesetter, one of the other female apprentices had become anorexic. She remembered this woman as being highly intelligent and as having been under pressure by her parents-in-law to adopt a “classic family role”. Although this woman, who had later been treated in hospital in Dresden, had begun to self-starve before Frau G., the interviewee believed that her own self-starving behaviour had not been copied from her colleague. Frau G. remembered their apprenticeship instructor taking them both aside and asking what was wrong with them. Although both Frau M. and Frau G. had known other self-starvers, they claimed that they had had no other prior knowledge of eating disorders.

Thus, all of these interviews make clear that the context in which self-starving behaviour was practised in the GDR, was very different from the western context of the 1970s and 1980s. Prior knowledge of eating disorders among the interviewees was extremely limited and did not form part of their explanation for why they had begun to self-starve. Although three of the interviewees had known other self-starvers in the late 1970s and 1980s, before they themselves had started to self-starve, it seems that Hilde Bruch’s assertion that, in the American context, anorexia



nervosa was, by the late 1970s, “more a group reaction” is inapplicable to the GDR in any decade.<sup>23</sup> Indeed, it appears that in the GDR self-starvation remained what Hilde Bruch called “the accomplishment of an isolated girl who felt she had found her own way to salvation.”<sup>24</sup> This difference between East and West can largely be explained by the huge difference in press coverage of the topic of eating disorders on either side of the Iron Curtain. Furthermore, as illustrated by the testimony of Frau D., it must also be acknowledged that this lack of popular knowledge about eating disorders impacted on the subjective experiences of East German girls and women who self-starved. Unlike their western counterparts in the 1970s and 1980s, East German self-starvers were less likely to position themselves or to be positioned by others as “anorexic” (that is, as sufferers of a specific, medically-recognised “disease”). Thus, their behaviour was more likely to be understood by themselves and by others as being idiosyncratic and inexplicable, rather than as “anorexic”.

### ***Experiences of Family Life***

While prior knowledge of eating disorders formed an insignificant part of the interviewees’ explanations of why they had begun to self-starve, family life played a very significant role in eight of the interviewees’ explanatory narratives.<sup>25</sup> Six of these interviewees remembered the families in which they had grown up as having been unsupportive and austere. For example, Frau D. recalled her childhood as having been heavily burdened (“*sehr belastet*”). She attributed this to the loss of her mother when she was six years old and her difficult relationship with her step-mother, whom her father had married three years after the death of her mother. Frau D. remembered her step-mother frequently mistreating her by unfairly calling her a liar and punishing her for things she had not done. Her father’s subservient attitude towards his second wife meant that Frau D. felt she had not received the support and protection she needed. In this context she remembered feeling increasingly helpless

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<sup>23</sup> Hilde Bruch, *The Golden Cage: The Enigma of Anorexia Nervosa* (Cambridge, MA: Harvard University Press, 1978), xii.

<sup>24</sup> *Ibid.*, xii.

<sup>25</sup> Frau A., Frau D., Frau G., Frau M., Frau H., Frau B., Frau T. and Frau S. all explicitly linked their experiences of family life with the development of their self-starving behaviour.

and uncertain of herself. Frau D. claimed that this, in conjunction with the emotional trauma of losing her mother, was the main reason (*“Hauptwurzel”*) for the subsequent development of her self-starving behaviour. Similarly, Frau A. recalled that there had been little reassurance in her family and that, as a child, she had never received the acknowledgement that children need (*“Bestätigung gab’s ganz wenig in unsere Familie...Ich hab da auch nie irgendwie so die Anerkennung gehabt, die man als Kind einfach braucht”*). This point was illustrated later in the interview when she recalled how her parents and grandparents had always called her “twin” (*“Zwilling”*), instead of using her name. She remembered how traumatic she had found it when she had first gone to school and the other children had laughed after she had announced that her name was “twin”. Other interviewees who spoke of unhappy childhoods included Frau G. and Frau B. Frau G. remembered her childhood as having been characterised by a lack of freedom and the absence of expressions of affection from her parents. She understood her self-starving behaviour as an attempt to emancipate herself from her family. Frau B. had happy memories of her childhood up until the age seven when she had lived with her grandparents. However, she described her subsequent childhood living with her parents as having been characterised by a lack of freedom (*“Im Prinzip war ich eingesperrt bei meiner Eltern”*) and her parents as having been “loveless” (*“Meine lieblosen Eltern”*).

One recurring theme in the interviewees’ memories of experiences of family life was that of unequal power relations in their parents’ marriages. For example, Frau A. described her father as the master of the house (*“der Herr im Haus”*) and as a half-god (*“Halbgott”*). She claimed that her mother was more intellectual than her father but was always subservient to him. Frau A. emphasised that her family was rather unusual in the GDR because not only were they quite wealthy but her mother did not go out to work. She believed that her mother would like to have worked but did not do so because Frau A.’s father had wanted her to stay at home. Frau A. believed that the unequal power relations in her parents’ marriage had not set a good example to her and her sister because as girls they had not been given a good idea of how to become an adult (*“Da denke ich lebt man sein Töchtern nichts gutes vor. Man kriegt als Mädchen kein gutes Konzept in der Hand wie man Erwachsen werden soll”*). Frau

A. believed that having a very authoritarian father played a significant role in the development of an eating disorder (*“Ich hatte einen sehr autoritären Vater, was glaube ich für die Entwicklung so eine Essstörung wirklich eine Rolle spielt”*). She returned to this idea later in the interview when she recalled that the other anorexic girl who had been treated in the Charité at the same time as her had also had a strict father.

A similar story about a dominant father was told by Frau B. Unlike Frau A.’s mother, the mother of Frau B. went out to work. Indeed, as head of department in one of the GDR’s ministries (*“Abteilungsleiterin im Ministerium”*), Frau B.’s mother had out-ranked her father, who had worked in the same ministry. However, according to Frau B., at home the situation had been reversed. Her father had ruled over the family “like a dictator” (*“wie ein Diktator”*). Frau B. remembered once witnessing her father hitting her mother. She recalled how she had despised her mother for allowing herself to be in such a position. Like Frau A., Frau B. was convinced that “dominant fathers” played a significant role in the development of eating disorders among girls and women. This became clear in her comments about the other anorexic girls and women she had met in the Charité. She pointed out that all of them had had problems with their fathers. They had either had very dominant fathers or they had grown up alone with them (*“Auffällig war bei den anderen Mädchen und Frauen, die da waren, daß sie auch immer ein Problem mit dem Vater hatten. Also das waren meistens sehr dominanten Väter oder sie sind allein mit dem Vater aufgewachsen”*). Another interviewee who remembered her mother being dominated by her husband was Frau M. She remembered how her mother had always been an independent woman but that after she had remarried she had become completely dependent upon her new husband and had allowed him to dominate her. Frau M. remembered how she had resented her mother’s subservient attitude and how witnessing this had made her deeply unhappy (*“tot unglücklich”*). She believed that this situation had played a role in the development of her self-starving practices which had begun around the same time.

Other interviewees believed that early experiences of the loss or absence of a parent were significant for their later development of self-starving behaviour. As already noted Frau D. was convinced that the early loss of her mother had played a key role in this. Another interviewee, Frau R. speculated whether her experiences of childcare as a baby had impacted on her later behaviour. When Frau R. had been eight weeks' old, her mother had taken her to the weekly crèche ("*Wochenkrippe*") because her mother was studying. This meant that Frau R. had not seen her mother between the time she had dropped her off at the crèche on Monday morning and when she had picked her up again on Friday evening. Two of the other interviewees had also had reduced contact with their parents due to the fact that their parents were studying and had therefore been unable to look after them full time. Both Frau H. and Frau B. had spent the first years of their lives living with their grandparents. Both women felt that these early experiences had negatively affected their subsequent relationships with their parents. Furthermore, Frau H. expressed her belief that this "family constellation" had played a significant role in the development of her self-starving practices ("*Ich glaub es hängt wirklich auch viel mit meinem Familienkonstellation zusammen*").

Despite perceived links between self-starvation and authoritarian or absent parents, the interviewees were often at a loss to articulate the exact relationship between these factors. It is not always clear from their narratives why they attribute such great significance to these childhood experiences, particularly when such experiences were not uncommon in the social context of the GDR. One possible explanation is that their narratives have been influenced by the controversial public discourse about the damaging psychological effects of the GDR's collective childcare system. According to this discourse, which emerged in the German media in the 1990s, authoritarian approaches to child-rearing, particularly in group settings, had inhibited East Germans' development of self-assured personalities and had created conformist ones instead. Although vehemently disputed in the new *Bundesländer* (those German states which had once formed the GDR), the idea emerged that large numbers of East Germans had been psychologically damaged by the supposed authoritarian-bent and

impersonal nature of East German childcare and parenting methods.<sup>26</sup> It is not, therefore, implausible to argue that this discursive context had coloured some of the interviewees' interpretations of their own experiences of communal childcare, parental absence and authoritarian parenting styles.

Sexual abuse within families was another theme which emerged in several of the interviews. The most harrowing story was told by Frau A. who had been sexually abused by a family friend between the ages of six and thirteen, with the full knowledge of her father. According to Frau A. her father had been having an affair with the abuser's wife. After the man had discovered the affair, he had pledged his silence in return for access to the young Frau A. In the interview Frau A. expressed her belief that her father had agreed to this in order to protect his reputation. She recalled that her father had held many positions ("*Funktionen*") in the town and was therefore a distinguished member of the community. According to Frau A., he was also an SED party member and therefore had to lead an exemplary private life, which was something he did not do ("*Er war auch Genosse in der SED und mußte daher ein ganz akurates Privatleben anführen, was er aber nicht getan hat*"). Frau A. expressed the belief that in many cases of eating disorders among women abuse played an important role ("*Und das denke ich ist bei vielen Frauen mit Essstörungen auch ein Hintergrund – Mißbrauch*"). Another interviewee, Frau S., also related her self-starving and bulimic behaviour to experiences of sexual abuse as a child. Similarly, Frau B. recalled an attempt by her father to sexually assault her when she was fifteen years old. Both Frau A. and Frau S. were certain that their experiences of sexual abuse had played a significant role in their development of eating disorders. However, they were unable to articulate exactly how they thought these experiences were linked.

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<sup>26</sup> The first key proponent of this discourse was (East) German psychiatrist, Hans-Joachim Maaz. See Hans-Joachim Maaz, *Der Gefühlsstau: Ein Psychogramm der DDR* (Berlin: Argon Verlag, 1990). The debate was reignited in 1999 when (West) German criminologist, Christian Pfeiffer, claimed that East German communal child-care, exemplified by collective potty-training, was responsible for the rise of right-wing extremism in the new *Bundesländer*. See "Anleitung zum Haß", *Der Spiegel*, 22.3.1999; and "Ein Kind ist schwer zu verderben", *Die Zeit*, 15.7.1999.

Other interviewees speculated about whether tensions brought about by living in a totalitarian state had played a role in the development of their self-starving practices. Both Frau T. and Frau G. spoke about how their childhoods had been shaped by demands for self-censorship and caution. In the case of Frau T. this was because of the Christian beliefs of her family. This had meant that after starting school, she had increasingly had to live in two worlds. While at school she had had to conform to the tenets of official socialism and censor what she said about her family's religious beliefs and practices at home. For Frau G., her self-censorship had been borne out of fear of saying something which could lead to her father's deportation. Her father had been a Spanish exile who had arrived in the GDR in 1954, aged sixteen. Frau G. remembered that her parents had constantly feared that they might be forbidden to work (*"ein Berufsverbot kriegen"*) or that her father might be deported back to Franco's Spain. These fears had been exacerbated by her parents' refusal to join the SED and the family's knowledge that her father was being spied upon by other Spanish exiles working for the Stasi. Frau G. expressed her belief that growing up with these fears had led to tensions not only within her family but also within herself. On the one hand, she had felt the need to conform and to always monitor herself (*"Man musste immer auf dem Hut sein mit dem was man sagte. Man konnte nicht spontan sein. Man ist extrem kontrolliert"*). On the other hand, she had wanted to emancipate herself from the conformity pressure (*"Anpassungsdruck"*) which existed within her family. These tensions, she believed, had played a role in the development of her self-starving behaviour (*"Die Magersucht hat ja eigentlich immer was so damit zu tun, daß man mangelnde Selbstbewußtsein hat und die Angst nicht angenommen zu werden so wie man ist. Die Angst den Erwartungen anderen nicht zu entsprechen...Die Angst die Falsche zu sagen, nicht diplomatisch genug zu sein...Für mich war das ein ganz ganz schwerer Emanzipationskonflikt von dem jungen Menschen"*).

In all of these accounts, the interviewees linked the development of their self-starving behaviour to the social context in which they had grown up. Some of the women, such as Frau G. and Frau T., linked the micro-social context of their family life specifically to the macro-social context of life in the GDR. Their interpretations of the causes of their self-starving behaviour were framed within the discourse of the GDR

as a totalitarian state. They expressed the view that their subjectivities and behaviour had been significantly influenced by the absence of religious and political freedom under state socialism. However, other interviewees' interpretations focused more exclusively on the micro-social context of their family life. Unlike Frau G. and Frau T., they did not emphasise a link between their experiences of family life and the wider socio-cultural context of the GDR. Nevertheless, their accounts of experiences of family life are littered with references to the specific socio-historical location of the GDR. For example, references to the absence of mothers who were studying, and Frau A.'s emphasis that her mother's role as housewife was unusual in the GDR. Thus, although most of the interviewees explicitly focused on the ways in which their experiences of family life had shaped them, they also explicitly or implicitly acknowledged the link between these experiences and the wider socio-cultural context.

Although the interviewees discussed in this section could not always articulate how experiences of family life were linked to their development of self-starving behaviour, all of them were certain that these experiences had played an instrumental role. In so doing, they were framing their interpretations of the causes of their self-starving behaviour within psychiatric and psychotherapeutic discourses which trace "eating disordered behaviour" to childhood experiences, particularly within the family. As discussed in the previous chapter, these discourses had been espoused by psychiatrists in the GDR and in the West. Since the *Wende*, these discourses have been promoted in the eastern part of Germany not only by medical practitioners within a therapeutic setting but also by the media. Thus, these discourses provided an important discursive framework within which the interviewees were able to try to make sense of their self-starving behaviour. Exposure to these discourses might have been particularly strong for those interviewees who had received therapy since the *Wende*. For example, although the interviews did not focus on this period, it became clear in Frau M.'s interview that reflecting on childhood experiences in the family had formed an important part of her post-*Wende* therapy. She remembered that her therapist had asked her to write a detailed account of her childhood. The fluent way in which the interviewees were able to recount their experiences of family life and to

assert the importance of these experiences in their development of self-starving behaviour suggests that each interviewee had seriously reflected on these issues before the interview. Indeed, one of the participants (Frau D.) had written about her childhood in a published book about her experiences of anorexia and bulimia nervosa. However, despite the interviewees' beliefs that experiences of family life had played a significant role in their development of self-starving behaviour, none of them thought that these experiences alone were sufficient to explain why they had developed anorexia nervosa. All of the interviewees were of the opinion that this had resulted from a number of inter-related factors. The other key factors which emerged in the interviews are discussed below.

### ***Experiences of Transitional Periods***

While the majority of the interviewees rooted their self-starving behaviour in experiences of family life, most of them also believed that the trigger for this behaviour could be found in their experiences of significant transitional periods in their lives. All of the interviewees began to self-starve between the ages of thirteen and nineteen. It is perhaps unsurprising, then, that the most frequently cited transitional period in their explanatory narratives was puberty. Eight of the interviewees linked their self-starving behaviour to the changes in their body which had occurred during this time.<sup>27</sup> For example, Frau D. remembered that her food-refusal had begun with the arrival of her first period. She recalled the aversion, fear and shame she had felt towards the changes which were occurring in her body. Although she had admired women with womanly forms, she remembered not wanting that for herself ("*Für mich habe ich das abgelehnt*"). During the interview she noted that she still finds it difficult to say "I am a woman" and prefers to think of herself as androgynous. Frau A. was able to date the on-set of her self-starving behaviour to the months following her *Jugendweihe* in 1968.<sup>28</sup> The *Jugendweihe*

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<sup>27</sup> Frau A., Frau D., Frau E., Frau G., Frau B., Frau S., Frau R. and Frau T. all explicitly linked their self-starving behaviour to the changes in their body which had occurred during puberty.

<sup>28</sup> The *Jugendweihe* was the GDR's official coming-of-age ceremony, in which participants would make a vow to dedicate themselves to peace and to socialism. It became tradition that once young East



marked the transition from childhood to adulthood which she wanted to avoid. Frau A. recalled that she had begun to feel uncomfortable with her body during puberty. She had found it “unpleasant” (*“unangenehm”*) to develop breasts and to put on weight. She had disliked getting comments from boys about having breasts and had felt uncomfortable because, unlike her twin sister, she had had no idea how to flirt. Later in the interview, Frau A. revealed how as a child she had wished she were a boy. Another interviewee who understood her self-starving behaviour as an attempt to reject a womanly form was Frau S. She stated that her newly developed womanly form had not fitted in with her desire to be a boy or to remain a child. Two other interviewees, Frau E. and Frau G., also believed that their self-starving behaviour had been triggered by their dismay at the rapid development of a womanly form. However, these two women did not interpret their self-starvation as an attempt to halt the transition to adulthood. Rather, they viewed it (at the time of interview) as a reaction to feeling fat and unattractive. Yet another interpretation was offered by Frau T. Rather than resenting the development of a womanly form, she had felt that her breasts were underdeveloped. Thus, she understood her self-starving behaviour as an attempt to change the proportions of her body so as not to emphasise her small breasts.

Another period which was given significance by three of the interviewees was the transition which came when they finished their school-based education. Frau A. stated that her self-starving behaviour was the result not only of her family background and her discomfort about the changes in her body during puberty, but also of her fears about having to leave school, learn a profession and start a family. She described these fears as having being borne out of the social expectations which were unconsciously put upon women (*“gesellschaftliche Erwartungen, die an Frauen unbewusst gestellt wurden”*). Frau H. felt that it was significant that her self-starving behaviour had begun when she was nineteen, shortly after she had left school and moved to a new city, Berlin. She recalled that she had felt as if all of her points of stability (*“Haltepunkte”*) had been taken away: her best friend from boarding school

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Germans had had their *Jugendweihe*, they would henceforth be addressed with the formal “Sie”, rather than the informal “Du”.

had gone to Potsdam to study, her boyfriend had gone to the army and she had had to move to Berlin-Marzahn to live in a small pre-fabricated apartment (“*Neubauten*”) with her mother, to whom she was not close. Furthermore, she had disliked her job in the chemical department of a food company. A similar story was told by Frau M., whose self-starving behaviour had also begun when she was nineteen, shortly after she had left school and moved to a new city, Erfurt. She recalled having been desperately unhappy during this transition. This was because she had disliked her mother’s new husband with whom she had had to live, she had had no friends in Erfurt and she had disliked her apprenticeship position. She believed that during this time food had become an important means of expressing her unhappiness and her dislike for her step-father because he was the one who had cooked the meals.

In expressing the idea that their self-starving behaviour was triggered by experiences of transition, many of the interviewees were again framing their interpretations within psychiatric and psychotherapeutic discourses, which prioritise puberty and emotional conflicts as key trigger factors. For example, as shown in the previous chapter, a common psychiatric theory in both the GDR and the West was (and still is) that self-starvation is an attempt to halt the transition from childhood to adulthood. An acceptance of this theory can clearly be seen in the testimonies of Frau A., Frau D. and Frau S. However, other interviewees rejected this theory and interpreted their self-starving behaviour as an attempt to reverse weight gained during puberty, in order to become more attractive. By focusing on desires to become more attractive, these interviewees were drawing on explanatory discourses of eating disorders which prioritise the role of cultural pressures focused on the outward appearance of the body. The use of these different discursive frameworks in the interviewees’ narratives serves to remind us of the ways in which individuals negotiate different discourses, accepting some and rejecting others, in order to compose a narrative with which they feel comfortable.<sup>29</sup>

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<sup>29</sup> This process is often termed “composure”. See Abrams, *Oral History Theory*, chapter 4.

### ***Cultural and Social Pressures to be Slim, Attractive and Fashionable***

As discussed in the previous chapter, East German psychiatric discourses largely ignored the idea that cultural and social pressures to be slim, attractive and fashionable played a role in the development of self-starving behaviour. However, as shown in chapter four, the idea that these pressures encouraged girls and women to restrict their food intake was not completely absent from public discourse in the GDR. Many East German magazine and newspaper articles, particularly in the 1970s and 1980s, linked female desires to be slim, attractive and fashionable with “inappropriate” dieting among East German girls and young women. This view was also expressed at conferences and in official reports of organisations such as the Central Institute for Youth Research and the Central Institute for Nutrition. However, unlike in the West, there was no feminist movement in the GDR to strongly assert a link between eating disorders and these cultural and social pressures. Thus, it is only since the *Wende* that former GDR citizens have been thoroughly exposed to such arguments in the media and in other literature about eating disorders.

Some, but not all, of the interviewees linked their self-starving behaviour to cultural and social pressures to be slim, attractive and fashionable. It is interesting to note that the two eldest participants, Frau D. (born 1939) and Frau A. (born 1953), stressed that their self-starving behaviour had had absolutely nothing to do with wanting to be slim in order to be more attractive and fashionable. For example, Frau D. was certain that her food refusal had not been an attempt to imitate beauty idols or to become slim (*“Das hat also nichts mit Schönheitsidole oder irgend so was zu tun. Gar nicht. Überhaupt nicht. Das hat bei mir nie eine Rolle gespielt. Oder schlanksein, wie das so propagiert wird, das kenne ich eigentlich nicht”*). Instead, Frau D. believed that her self-starvation had been an attempt to make herself small, so that as few people as possible would notice her (*“sich klein machen...daß sie möglichst keiner sieht”*). She also believed that her self-starving behaviour had been a form of self-chastisement (*“Selbstkasteiung”*). Some interviewees who had been born in the 1960s and 1970s also stated that their self-starving behaviour had not been motivated by desires to be slim, attractive or fashionable. For example, Frau H. (born

1966) retrospectively understood her food refusal as “a way of filling a big emptiness (*“eine große Leere”*) or a lack of orientation (*“Orientierungslosigkeit”*)”. Similarly, with hindsight, Frau S. (born 1970) understood her self-starving and bulimic behaviour as a solution to anger and sadness, rather than as an attempt to become more attractive.

Six of the interviewees, all born in the 1960s and 1970s, did, however, believe that their self-starving behaviour had been at least partially motivated by desires to be slim, attractive and fashionable. For example, Frau R. remembered not liking the proportions of her body. She had felt that they did not meet the expectations for a fashionable woman’s figure. Her insecurities were focused on what she thought was her “extremely protruding bottom” (*“extrem rausstehenden Hintern”*). These insecurities had been exacerbated by an unkind comment from her grandfather and frequent teasing at school, where she had been given the nickname “duck-bottom” (*“Entenarsch”*). She recalled that she had also felt too fat and, even before her food restriction had begun, had spent much time looking at her stomach in the mirror which had hung in the narrow corridor of their prefabricated flat (*“Neubauten”*). Frau R. also remembered idolising her aunt who had lived in West Germany. She had always thought of this aunt as being chic, slim and having “absolutely no bottom” (*“überhaupt kein Po”*). Another interviewee who also thought that she had begun to self-starve in order to become more attractive was Frau G. Like Frau R., Frau G. had been teased about her body at school. She recalled that it was often boys who had teased her, with comments such as “look at those legs” (*“Guck mal die Beine an”*). She remembered that she had always felt too fat and had also thought that becoming more attractive would be an escape route from her suffocating home-life because it would help her find a husband. Like Frau R. and Frau G., Frau T. linked her teenage dissatisfaction with her appearance and subsequent self-starvation to experiences in school. Frau T. had also been teased and, as a teenager, had felt that she was unattractive and unrecognised by her classmates (*“nicht anerkannt unter den Klassenkameraden”*). These feelings had confused her because her parents had raised her to believe that people value others’ inner worth (*“meine Eltern haben mich eigentlich so erzogen, dass andere, innere Werte zählen”*). However, this had not been her experience and she had become preoccupied with her appearance. Her

desire to become more attractive by losing weight had been triggered, she believed, by her discovery that a jumper she had received from her parents' friends in West Germany had become too tight. This had been particularly devastating because she had received very few clothes from the West. Another interviewee, Frau E., believed that her self-starving behaviour had begun because she was dissatisfied with her figure, particularly her "fat thighs" ("*dicke Oberschenkel*").

Frau T. was not the only interviewee who remembered western fashion playing a role in the on-set of her self-starving behaviour. For example, Frau G. claimed that her ideas about how a female body should look had been very much influenced by western magazines and fashion models. She remembered noticing that these models were very slim and wore great clothes. A desire to imitate these models had led her to start a diet, which had then developed into self-starvation. Similarly, Frau K. recalled how her ideas about female beauty had been influenced by the western pop stars and models whom she saw on West German television channels. Like Frau G., she believed that she had been encouraged by these images to begin dieting and this had subsequently developed into more extreme food refusing behaviour. Other interviewees, however, claimed that their self-starving behaviour had not been influenced by western images of women. Although most of the interviewees stated that they had watched western television, four of them (Frau A., Frau E., Frau M. and Frau H.) claimed that they had not had access to western magazines.

Interestingly, none of the interviewees felt that their self-starving behaviour had been influenced by the fashion pages of East German magazines. Indeed, two of the interviewees, Frau G. and Frau B., felt that this would have been unlikely because, as they remembered, the fashion models in these magazines had not been as skinny as those in western magazines. Nevertheless, despite none of the interviewees believing that the fashion pages of East German magazines had influenced the on-set of their self-starving behaviour, a number of them did assert that their sense of self had been affected by East German fashion. For example, Frau G. and Frau E., remembered struggling with their self-image because of the dearth of fashionable clothes available in the GDR. Similarly, Frau R. recalled feeling under pressure to look fashionable,

claiming that she had felt that schoolmates looked at you strangely if you were not dressed fashionably. Frau A. had also perceived some social pressure to dress fashionably. She recalled that, despite being well-off, her father had refused to spend much money on the children's clothes. Consequently, Frau A. had had to wear self-knitted jumpers, which she remembers as having done little for her self-confidence. Frau B. remembered having had a different but related problem. Her family spent generously on clothes but after she had moved with her family to Berlin she had been teased because her clothes had been considered by her schoolmates to have been unfashionable. Her primary "failing" was, she remembered, not having worn jeans.

As well as remembering social pressures to wear fashionable clothes, some of the interviewees also situated the on-set of their self-starving behaviour in the context of social pressures to diet. As already noted, two of the interviewees, Frau G. and Frau K., claimed that their self-starving behaviour began as an "ordinary diet". Both recalled that dieting had been a popular topic of conversation among their school friends. For example, Frau K. remembered talking with her friends about the "*Brigittediät*" (Brigitte diet), which was promoted in the West German women's magazine, *Brigitte*. As well as talking about dieting with friends, Frau G. remembered that her parents also used to regularly remind her of the importance of watching her figure. She recalled that she had first thought about going on a diet when she was fourteen but had not started to diet until she was seventeen. At this age, influenced by images in western magazines, she had begun to consult a calorie table and to take *Redukal*. However, Frau G. was keen to emphasise that she believed that these magazines had merely been *triggers* for her self-starving behaviour. She believed that the *cause* of it lay in her experiences of family life. Another interviewee, Frau E., remembered talking about dieting with her friends at boarding school (*Internat*) when she was a teenager. Not only had her friends talked about dieting, but they had also agreed to undertake diets together. She recalled agreeing with them that they would consume nothing for breakfast, except for a cup of coffee. There had also been a culture among the girls at her boarding school of weighing themselves. Frau E. recalled that this was meant to be just a bit of fun but there had also existed peer pressure to have lost some weight. As well as talking about dieting and engaging in

dieting practices, she remembered reading the dieting articles in *Für Dich*. Furthermore, Frau E. recalled that she had grown up witnessing “what women go through” to maintain their figures (“*Mit dem hin und her was Frauen so durchmachen mit dem Figur, bin ich schon aufgewachsen*”). She remembered how her mother had always watched her weight and that her mother and her mother’s friends had often dieted together and gone jogging. Her mother, she said, had taken appetite suppressants and *Redukal*. Unlike most of the interviewees, Frau E. believed that these cultural and social pressures to diet had played a greater role in the development of her self-starving behaviour than had her experiences of family life. She had come to this conclusion because she remembered her childhood as having been harmonious and characterised by a great relationship with her parents. She summed it up by saying that “my parents did everything right” (“*Meine Eltern haben alles richtig gemacht*”).

According to the testimonies of Frau G., Frau K. and Frau E., popular discourses and cultures of dieting were a significant part of their teenage years. However, memories of popular dieting discourses and cultures were not typical of the group of interviewees as a whole. Most claimed that dieting had not been a topic of conversation among their friends or within their families. Yet, despite these claims, many of the interviewees revealed that during their period of self-starvation, they had adopted practices which were promoted by mainstream dieting discourses. For example, three of the interviewees recalled how they had obsessively counted calories. Two of them, Frau G. and Frau T., remembered using calorie tables which they had taken from books and magazines. Frau G. also remembered making use of low-calorie products, such as low-fat yoghurt and the artificial sweetener, *Zückli*. Memories of regularly weighing themselves also emerged in two of the interviews. Frau E. remembered keeping a diary of how much she weighed and what she ate. However, while all of these practices were recommended by official dieting discourses for “overweight” East Germans, the interviewees also revealed that they had adopted practices which had been specifically warned against in these official discourses. Four of the interviewees recalled having used laxatives to induce weight loss. Another method remembered by Frau M. was the use of appetite suppressants,

which she had acquired from her mother who was a doctor. Three of the interviewees admitted to having made themselves vomit.

References to material goods, such as *Redukal* and *Zückli*, serve to specifically locate these memories within the socio-historical context of the GDR. This is also achieved by the way in which some of these memories were framed within recognisable public discourses about the GDR. For example, memories of the dearth of fashionable clothes fit in with public discourses which present the GDR as a shortage society. Similarly, memories of the idealisation of western fashion (clothes, models, pop stars and aunts) fit with public discourses which position East Germans as having been in thrall to western fashion and consumer goods.<sup>30</sup> However, other memories, such as those which centre on childhood teasing or on the weight-reducing activities of self-starving teenage girls, lack this socio-historical specificity. They jar with those public discourses about the GDR which emphasise difference and exceptionalism. As will become clear in the next section, the ways in which the interviewees' memories and interpretations of the causes of their self-starving behaviour were framed within or jarred with public discourses about the GDR is particularly starkly highlighted by the ways in which the concept of gender shaped their narratives.

### ***The role of gender in interviewees' understandings of their self-starving behaviour***

The ways in which the interviewees deployed the concept of gender in their narratives were extremely complicated. Some addressed the concept directly. As noted above, three of the interviewees (Frau D., Frau A. and Frau S.) expressed experiences of discomfort concerning their gender and believed that these experiences had played a role in the development of their self-starving behaviour. Frau D. preferred to call herself androgynous, and Frau A. and Frau S. recalled how,

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<sup>30</sup> A good example of this discourse can be found in the best-selling book by Hans-Joachim Maaz which states: "There was nothing that could beat the fetish value of western goods. Empty western beer or cola cans were placed as ornaments on the shelves of the wall unit, plastic bags bearing western advertisements were bartered, western clothes made the man." See Hans-Joachim Maaz, *Behind the Wall: The Inner Life of Communist Germany*, trans. Margot Bettauer Dembo (New York: Norton, 1995), 86. Cited in Paul Betts, "Remembrance of Things Past: Nostalgia in West and East Germany, 1980-2000", in Paul Betts and Greg Eghigian (eds), *Pain and Prosperity: Reconsidering Twentieth Century German History* (Stanford: Stanford University Press, 2003), 178-207.



as children and teenagers, they had wanted to be boys. Frau A. equated her childhood desire to be a boy with her belief that she was not a typical girl. She explained that she had not been good at the things at which girls were supposed to excel, such as sewing and knitting. Instead, she had always played with boys and had wanted to be a forester. Similarly, Frau S. stated that as a child and teenager she had felt more like a boy and would have preferred to have been one because whereas it was socially acceptable for men to drink and smoke, it was unacceptable for women to behave in such a way.<sup>31</sup> Although not claiming to have wanted to have been boys, two other interviewees remembered how their expressions of “boyishness” had met with disapproval or discouragement within the family. Frau B. stated that as a child she had behaved like a boy and had often beaten boys in sporting activities. She described her younger self as an “Amazon” who had not fitted her father’s desire for a doll-like daughter (“Püppchen”). Similarly, Frau M. recounted her enjoyment as a child of “boyish” activities, such as boat building and tree climbing. She also remembered how her requests for “boys’ toys” (“Jungspielzeuge”) had never been met by her parents.

Another way in which the narratives addressed the concept of gender was through memories of how gender structures had operated within families to the detriment of the female members of the family. For example, as noted in chapter two, Frau A. and Frau B. remembered that during family meals their fathers and brothers had been given more food than they or their mothers or sisters had received. Other memories of gender-based sexual inequality within families included Frau A.’s memories of her mother’s acceptance of the unwanted role of housewife in order to please her

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<sup>31</sup> The subjective experience of wanting to be a boy because of the perception that boys and men had greater freedom and more opportunities is expressed by two of the East German women in Maxi Wander’s book, *Guten Morgen, du Schöne*, which was based on interviews she had conducted with nineteen East German women in the 1970s. For example, Petra, aged 18, stated: “I always wanted to be a boy. They can do what they want, no-one objects. If a girl often switches partners, she immediately has a bad reputation, particularly with other girls. At home, I could never go alone to the pub. People simply don’t believe that a girl just wants to sit there and drink her beer...They are all of the opinion that girls can’t be taken seriously, they’re just there to sleep with and to have a bit of fun with.” Similarly, Susanne, aged 16 stated: “Lots of girls don’t want to feel like a woman, they would prefer to become like boys, because boys are allowed to do more.” See Maxi Wander, *Guten Morgen, du Schöne: Protokolle nach Tonband* (Munich: Deutscher Taschenbuch Verlag, 1993, first published in 1977), 82-83 & 89.

husband; and Frau B.'s and Frau M.'s memories of their mothers' subservience to their husbands. As noted, all three of these women reflected on how witnessing these inequalities had had an emotional impact on them. Frau A. and Frau M. speculated on whether this emotional impact had played a role in their subsequent development of self-starving behaviour.

Other aspects of the interviewees' narratives which addressed the concept of gender include memories of experiencing cultural and social pressures to be slim, attractive and fashionable. However, as with some of the memories of experiencing discomfort with developing a womanly form, the interviewees often failed to explicitly reflect (unprompted) on the gendered nature of these experiences. They tended not to reflect on *why* they had experienced the development of a *female* body as being particularly problematic or on *why, as girls*, they had felt under cultural and social pressure to be slim, attractive and fashionable. Much of the time, the interviewees did not directly relate the development of their self-starving behaviour to wider social structures of gender.

Despite recounting stories in which examples of sexual inequality were deeply embedded, when asked directly about sexual equality in the GDR, six of the interviewees (Frau D., Frau G., Frau M., Frau H., Frau R. and Frau S.) stated that they had not perceived differences in the expectations of and opportunities for girls and boys, and men and women. How, then, does one account for this contradiction? One possibility is that during the period of the GDR's existence, the interviewees' understandings of sexual equality had been heavily influenced by the SED's propagation of the idea that the GDR was a society in which men and women were *gleichberechtigt* (equal). The interviewees' memories of sexual equality in the GDR might well have been influenced by public discourses which, since the *Wende*, have portrayed the GDR as a state in which sexual equality (*Gleichberechtigung*) was not only official policy but also a reality, and which have contrasted the position of women in reunited Germany unfavourably with their position in the former GDR. Another possible explanation for this contradiction is that examples of sexual inequality are often simply explained away as resulting from "natural" difference

between the sexes and as “just the way things are”. While it is important to consider these factors as possible explanations for the apparent contradiction within many of the narrators’ testimonies with regards to the topic of sexual inequality, it is also important to avoid belittling the memories and opinions of these women by claiming that they were unduly influenced by propaganda or that they were unable to perceive things as “they really were”. Instead, these memories and opinions should be respected as truthful and legitimate ways of making sense of the “lived reality” of their experiences. Efforts to situate them within a wider discursive framework form a part of the historian’s attempt to understand this “lived reality”. Furthermore, these efforts remind us of the way in which the oral historian’s own research interests inform her interpretation of the primary sources which she has created with her narrators.<sup>32</sup>

Although the interviewees often did not assign much importance to the concept of gender in their answers to questions which did not directly address it, this was not the case when they were asked, “Do you think you would have become anorexic if you had been a boy?” Many of their answers revealed that they believed that gender had played an important role in the development of self-starving behaviour. Six of the interviewees stated that they would not have become anorexic if they had been boys instead of girls. Four of these couched their responses in essentialist understandings of differences between the sexes, without any reference to social context. For example, Frau H. stated that she believed that self-starving behaviour was more common in girls and women because they are more conformist, while men are more egotistical. Similarly, Frau E. related female self-starvation to her perception that, unlike boys and men, girls and women always question their own abilities and appearance and feel that they must meet the expectations of others. Frau M. and Frau T. also related female self-starving behaviour to the notion that girls

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<sup>32</sup> The issue of the contradictory effects of ideology and women’s experiences is addressed by Joan Sangster. She asks, “Why...when I interview women who worked during the Second World War, do they assume that the war had a liberating effect on women’s role in the workplace, even when they offer few concrete examples to substantiate this?” She goes on to suggest that one answer might lie in “the powerful and hegemonic influence of a popular and mystifying ideology of ‘the people’s war’ – the notion that women were breaking down gender roles – on the very construction of women’s memory.” See Joan Sangster, “Telling Our Stories: Feminist Debates and the Use of Oral History”, *Women’s History Review*, 3, 1, 1994, 5-28.

and women pay more attention to themselves and to their appearance than do boys and men. Frau B. stated simply that boys have different characters (*"Jungs sind von Charakter anders"*). Only Frau G. and Frau A. specifically linked self-starving behaviour to social context and to the way in which girls are socialised. Frau G. asserted that boys are not put under such pressure to conform (*"Anpassungsdruck"*). Moreover, she argued that whereas "boys are loved because they are there, girls must be moulded into a particular form before they become acceptable. Boys are always little crown princes." Frau A. was of the opinion that boys were less likely to become anorexic because they had a different relationship to their fathers and also because they did not have to worry about bearing the future double burden of motherhood and paid employment. What is interesting is that regardless of whether the interviewees couched their answers in essentialist terms or acknowledged the role of social context, none of them, except perhaps Frau A., differentiated between a socialist and a capitalist context. In this way, these memories again jar with public discourses which emphasise the difference and exceptionalism of the GDR compared to the "normal" West.

Again, however, it is important to note that the types of responses elicited from interviewees are heavily dependent upon the types of questions posed. This is starkly highlighted by the responses elicited by the question "Many people say that cases of eating disorders have risen substantially since the *Wende*. Do you think this is true and, if so, why?" In answer to this question, respondents often situated their understandings of the link between gender and self-starving behaviour within specific social contexts, rather than couching these understandings in essentialist terms. For example, Frau A. asserted that since the *Wende* young girls have come to define themselves through their appearance because slenderness has become a synonym for success. She contrasted this with life in the former GDR, arguing that in the socialist state success had not been bound to appearance. She elaborated this point by saying that in the GDR it had been possible for a plump woman (*"eine pummelige Frau"*) to have a successful career and to become a boss (*"Chefin"*) or a director (*"Direktorin"*). A similar view was expressed by Frau E. who stated that she believed that cases of anorexia had risen since the *Wende* because of an increase in media

images of slim, beautiful women and because slim women are preferred at job interviews. She believed that this put enormous pressure on girls and women. Like Frau A., Frau E. contrasted this situation with her memories of life in the GDR. She stated that it had not mattered how one had looked in the GDR because one had not had to worry about getting a job or an apprenticeship. Similarly, Frau H. linked a purported rise in eating disorders since the *Wende* to the advertising industry and to the exasperation felt by many young women who struggle to find jobs after graduation. She also noted her own personal disgust at how women have been portrayed as sex objects since the *Wende*. She remembered how in the early years after the fall of the Berlin Wall the sexualisation of women had led to personal feelings of disgust towards her own body. This had led her to wear grey, baggy clothes in an attempt to hide her female form. She also recalled how she had wanted her breasts to disappear (*“so das ich dachte, Brust geh nach innen”*). Thus, the views expressed here suggest a belief that individuals’ behaviours and perceptions of their bodies are shaped by social context, particularly gender structures. Therefore, these views not only situate gender within specific socio-historical contexts, they also frame understandings of eating disorders within public discourses which prioritise the importance of gendered social structures and cultural processes. Furthermore, these explanations are also framed within public discourses which emphasise the ways in which life was better for girls and women in the socialist GDR than in the capitalist Federal Republic.

#### **IV. Conclusion**

This chapter has drawn on the oral history testimonies of eleven former GDR citizens as part of this thesis’ effort to belie the popular misconception that anorexia nervosa was virtually unknown in East Germany. The testimonies have contributed to this in a number of ways. Not only have they drawn attention to the narrators’ own experiences of self-starvation in the GDR, but by referencing other self-starvers the interviewees had known – at school, during their apprenticeship, or in hospital – they have also drawn attention to larger numbers of East German girls and young women who practiced self-starvation. Furthermore, the fact that four of the narrators never

received any medical treatment in the GDR specifically for their self-starving behaviour serves to remind us that, as well as the cases which are recorded in medical journal articles and in the case-notes of patients who were treated by medical professionals, there also exist “hidden” cases of self-starvation which were never officially registered as anorexia nervosa.

Importantly, the oral history testimonies discussed in this chapter have also provided insight into subjective experiences of medical treatment of self-starvation in the GDR. By highlighting the negative ways in which the interviewees remembered their experiences of in-patient treatment, the testimonies have offered a counter-balance to the more positive accounts presented by East German psychiatrists in medical journal articles. Collectively, the narrators remembered their experiences of in-patient treatment as having been frightening, unhelpful and, in some cases, as having led to self-induced vomiting and/or bouts of binge-eating.

Throughout the chapter, it has been recognised that, to quote the oral historian Portelli, “memory is not a passive depository of facts, but an active process of creation of meanings”.<sup>33</sup> This process is shaped by the present as much as by the past. For this reason, this chapter has sought to highlight the ways in which the narrators’ memories and their theories about reasons for the on-set of their self-starving behaviour were framed within certain public discourses. It has been shown how pre- and post-1989 psychiatric, psychotherapeutic and popular discourses about eating disorders, as well as public discourses about the GDR and the FRG, shaped their narratives. It has also been shown how the narrators’ “active process of the creation of meanings” involved negotiating the various discourses which were available to them. Furthermore, the ways in which their narratives were framed within different discourses were visibly shaped by the types of questions which they were asked.

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<sup>33</sup> Portelli, “What Makes Oral History Different”, 37.

Finally, it is important to emphasise that the conceptualisation of memory as “an active process of the creation of meanings”, rather than as “a passive depository of facts”, does not mean that these oral history testimonies have been unable to tell us anything valuable about the GDR. On the contrary, they have revealed much about the operation of social structures and cultural norms in everyday life. The testimonies of the eleven narrators provide insight into some of the ways in which these structures and norms operated both at the micro-level of family life and at the macro-level of wider society and culture. Furthermore, they hinted at the ways in which these structures and norms, particularly those operating around the axis of gender, impacted, often unknowingly, on the narrators’ subjectivities and behaviours. In so doing, these testimonies contribute to this thesis’ attempt to explain the existence of anorexia nervosa in the GDR, through an exploration of the inter-relationships between body, self and society.

## Chapter 7

### Conclusion

The first aim of this thesis was to explode the popular misconception, held by former East German citizens and “experts” in the field of eating disorders, that anorexia nervosa barely existed in the GDR. This was achieved in two ways. First, an analysis of articles which appeared in key East German medical journals revealed that cases of the “disorder” had been treated in the GDR’s hospitals throughout the period 1949 to 1990. These articles, together with post-*Wende* reports, also suggested that the 1980s had witnessed a rise in the number of these cases and possibly in the overall incidence rate. Second, interviews with former East German citizens who had self-starved highlighted the existence of “hidden” cases of anorexia nervosa. This was evidenced in the interviews with women who had never received medical treatment for their self-starving behaviour. Furthermore, through the interviews it became clear that it had not only been in a hospital setting that the interviewees had met others who had self-starved but also in their everyday lives: at school and during apprenticeships.

Rather than simply dismissing this popular misconception as “false”, the thesis has explored why it existed. An analysis of East German magazines and newspapers, in conjunction with the interview material, has revealed that a widespread popular discourse about anorexia nervosa had not existed in the GDR before the fall of the Berlin Wall. Unlike in the West from the 1970s onwards, at no time in the GDR’s history was self-starvation popularly recognised as a symptom of a medically recognised “disorder” known as anorexia nervosa. This, together with post-*Wende* popular press articles claiming the emergence of eating disorders in the East, led to the impression that they had not been part of life in the GDR.

The thesis has also contended that another significant reason for misconceptions about the extent to which anorexia nervosa existed in the GDR is the western-centrism of dominant socio-cultural approaches to the “disorder”. A key aim has



been to expose the western-bias of these approaches by highlighting the fundamental differences between the social, political and economic contexts of the GDR compared to those of western societies. This has been achieved in number of ways. First, it has been shown that in the “shortage economy” of the GDR food was not, from the 1950s, in overall short supply but that there were periodic shortages of certain products and, in comparison to the West, there was a very limited range from which to choose. It has been argued that in this context, food did not readily lend itself to being used as an analogue of the self with which to make statements about identity and personal values. Second, the absence of a domestic capitalist advertising industry has been identified as a key difference which limits the extent to which dominant socio-cultural approaches aid an understanding of the existence of anorexia nervosa in East Germany. This is because the GDR’s small advertising industry operated very differently from its capitalist counterpart. It did not bombard East Germans with messages to define themselves through consumption, or with images of “perfect” bodies. It also did not commodify women’s bodies to the same extent as in the West. Conflicting cultural messages to consume and to self-deny were less intense in the GDR than in the West, due in large part to the differences in their advertising industries. Third, unlike in the West, a commercial dieting industry did not exist in East Germany. This meant that incitements to diet did not operate in the same ways or with the same intensity as they did in western societies.

By highlighting these differences, this thesis has not only illuminated the western-centrism of dominant socio-cultural approaches to anorexia nervosa, it has also shown that a capitalist context is not necessary to create an environment in which significant numbers of people (mainly girls and women) self-starve. While acknowledging that East Germans were exposed to western media and that there was a certain fetishisation of western goods and fashions, particularly among the younger generation, it has rejected assertions that the existence of anorexia nervosa in non-western or non-capitalist contexts can be understood simply through these societies’ exposure to western media. It has done this by analysing the ways in which domestic interests, discourses and material conditions created an environment in

which bodies were hierarchized according to weight and in which dieting became “normal”, particularly for girls and women.

It has been demonstrated that, like all modern states, the ruling authorities in East Germany sought to control the consumption practices, and thus the bodies, of GDR citizens. They attempted to do this through strategies of normalisation, aimed at persuading East Germans to regulate their own behaviour in ways which were deemed commensurate with the perceived interests of the state. Drawing on discourses of health, aesthetics and morality, these strategies venerated the “slender” body and stigmatised the “overweight” body. In the absence of capitalist industries, which in western societies play a key role in promoting these messages, the East German state’s strategies of normalisation served to create a discursive context which constructed practices of weighing, counting and mathematisation as part of a culturally normative ethics of self-care. In such a context, it has been argued, food-restricting practices, such as dieting, became a “normal” part of everyday life in the GDR.

Importantly, it has been shown that although hierarchies of bodies and cultures of dieting were produced by domestic factors, they were also influenced by pre-socialist norms and values and by contemporaneous western trends. For example, the slim body ideal and a culture of calorie counting to maintain slenderness predated the foundation of the GDR. Contemporaneous western scientific discourses, such as that of risk factors, informed East German health propaganda; and health officials felt compelled to respond to the influence of western dieting methods, such as the *Punkte-Diät*, on East German cultures of dieting. An acknowledgement of this dialectic contributes further to an understanding of the GDR not as an isolated, rump-state behind the Iron Curtain, but as a complex, modern society.

The thesis has also suggested that although, in comparison to the West, discourses, representations and practices focused on the body and consumption were promoted with far less intensity, there was a notable intensification of their promotion in the 1970s and 1980s. This can be seen in a number of ways. First, during these decades,

health propaganda increasingly focused on the weight of East German children, as well as adults. They and their parents were told to count calories, monitor their body weight and begin a diet if it was “too high”. Second, in the 1980s, there was an increasing psychologisation of eating habits, which served to further stigmatise “overweight” East Germans. Third, new dieting products, such as *Redukal* and the *ON* reduced-calorie range were brought onto the market. Fourth, an organised culture of dieting emerged in the form of state-run *Molli-Kurse*. Furthermore, in conjunction with an intensification of state-promoted health discourses and dieting methods, there also appears to have been an intensification of popular cultures of dieting which were deemed by the state to be “inappropriate”.

It has been the contention of this thesis that increases in cases of anorexia nervosa in the 1980s need to be situated within this discursive and material context. It has been suggested that the intensification of discourses, representations and practices focusing on the body and consumption, together with the rise in popular cultures of dieting and cases of anorexia nervosa, were all part of the wider process of increasing individualism, which historians have noted as having taken hold of almost every aspect of life in the GDR during the 1970s and 1980s. The thesis has contributed to scholarship which argues that the process of individualism manifested itself not only in a withdrawal into the private sphere but also in a preoccupation with the body. It has been argued that East Germans increasingly perceived their bodies not only as sites of pleasure but also as sites for expressing personal identity. These perceptions were fostered by official state discourses and policies relating to consumption, leisure and the body, but also by East German participation in wider international trends, such as those relating to class- and gender-specific dieting practices.

The thesis has also contended that the existence of anorexia nervosa in the GDR cannot be understood without an analysis of the operation of gender norms and structures. Furthermore, it has asserted that it is in the realm of gender that some of the arguments of western-centric socio-cultural approaches to anorexia nervosa have purchase in the East German context. In all of the areas of life which the thesis has

analysed, gender, conceptualised as a set of lived relations and a symbolic system founded on physical sexual difference, has played a particularly significant role. It has been shown that, despite some key differences in East German gender structures compared to those of western societies, manifested for example in high female employment rates and the reduced commodification of female bodies in the public sphere, there existed strong similarities in the gendering of discourses and lived realities concerning food, consumption and the body. This can be seen in the discursive construction of women as guardians of the nutritional health of others; in their responsibility for food provisioning; in the veneration of the slender female body in women's magazines; and in the female-dominated dieting culture of the 1970s and 1980s.

Insights into the ways in which gender norms operated within individual families were provided by the interviews conducted with former East Germans who self-starved. An analysis of these interviews also illuminated how gender operated within individual narratives to make sense of personal experiences. It was revealed that although traditional gender structures often worked to the disadvantage of female family members, interviewees tended to downplay the significance of gender inequalities in their understandings of their own self-starving behaviour but felt that "being female" was implicated in the "disorder". This accorded with East German psychiatric discourses about anorexia nervosa, which were underpinned by heteronormative notions of femininity, masculinity and sexuality. By exposing the gendering of cultural and psychiatric discourses, as well as some of the ways in which gender structures impacted upon lived experiences, the thesis has contributed to analyses of how gender operated in the GDR at the macro-level of social discourse and at the micro-level of everyday experience. Moreover, it has suggested that "sexism" should not be dismissed as an insignificant aspect of the material and discursive context in which anorexia nervosa was produced in the GDR.

Another important aim of this thesis has been to analyse how the socialist context of the GDR influenced the discursive construction and treatment of anorexia nervosa. This has been achieved through an analysis of texts which appeared in East German

medical journals, aided by interviews with two former East German psychiatrists. It has been shown that throughout the period 1949 to 1990, East German psychiatric understandings of the “disorder” were heavily influenced by socialist ideology. In the 1950s and 1960s, this manifested itself in references to the Soviet physiologists Pavlov and Bykov, and in an absence of references to ideas rooted in Freudian psychoanalysis. By the 1980s, references to Pavlov and Bykov were no longer prominent in East German texts about anorexia nervosa. Furthermore, there was greater engagement with psychoanalytic ideas. Nevertheless, despite these developments, the texts from the 1980s reveal that aetiological theories about the “disorder” were still underpinned by socialist theories of dialectical materialism, and references to Freudian psychoanalysis remained limited.

Therapeutic approaches were also coloured by socialist ideology. This can be seen particularly clearly in the use of methods such as autogenic training and, from the 1960s, in the dominance of group therapy. Moreover, accounts of the use of Kurt Höck’s intended dynamic group psychotherapy to treat patients with anorexia nervosa reveal one of the ways in which treatments in the GDR were influenced by the peculiarities of the East German discipline of psychiatry. Despite the importance of socialist ideology and GDR-specific therapeutic approaches, by the 1980s there was greater openness to ideas and methods which had originated in the West. This can be seen in the use of treatment methods, such as mirror therapy and diary analysis, which had been developed by Hilde Bruch; in the adoption of western diagnostic criteria and research tools, such as Feighner’s 1972 criteria and the EAT, EDI and MMPI; and in the co-operation between East and West German psychiatrists. These developments can be seen as part of a wider process, beginning in the 1970s, of East German academic exchange and scientific co-operation with the West. However, as shown by the covert nature of the Neumärker/Steinhausen study, this exchange was not always supported by the state, thus creating obstacles to scientific co-operation.

While an analysis of East German psychiatric texts and the contributions of Professors Neumärker and Ehle have provided important insights into how anorexia

nervosa was discursively constructed and treated in the GDR, they were unable to shed light on how these discursive constructions and therapeutic approaches were subjectively experienced. Indeed, the only references to subjective experiences in the psychiatric texts were hollow statements about the gratitude of former patients. For this reason, part of the interviews with the eleven former East German citizens who had self-starved focused on their memories of medical intervention. An analysis of these memories has illuminated the ways in which experiences of intervention in the 1960s and early 1970s differed from the experiences of those who had been admitted to hospital in the late 1970s and 1980s. While for the later cohort there had been a focus on group therapy, for those who had been treated earlier there had been very little therapy at all. Instead, treatment had focused almost entirely on weight-gain. Nevertheless, despite these different treatment methods, the interviews revealed that, as in the West, medical interventions had often been experienced as unhelpful and counter-productive.

By including material from interviews conducted with former East Germans who had self-starved, this thesis has enabled voices from this minority group to be heard. However, its pages have contained the voices of many other groups too. These include western feminists, East German psychiatrists, scientists and politicians, as well as ordinary members of the East German public. Hearing and analysing the opinions and viewpoints of these different groups has permitted a multifaceted approach to the topic of anorexia nervosa in the GDR. It has also enabled an exploration of the relationship between the personal and the political – between body, self and society.

Throughout, it has been argued that the ways in which East Germans experienced, understood and acted upon their bodies were shaped by the changing discursive and material contexts of the specific socio-historic location of the GDR. These contexts were produced through the dynamic interaction between the East German state, pre-socialist norms and values, western trends and developments and the actions of individual East Germans. As has been shown, the personal was never completely subjugated to the political. Despite state propaganda, the East German authorities

failed to prevent GDR citizens from consuming and dieting “inappropriately”. East Germans did not act rationally in accordance with the dictates of science and health propaganda. Instead, they constructed subject positions through a process of negotiation with the cultural discourses available to them, within specific material conditions. This process can be seen not only in East Germans’ rejection of the “self-chastisement” required by dominant health discourses or in their adoption of condemned western diets, but also in their self-starving practices and in their attempts to make sense of them.

I would like to give the final words to Karl Leonhard, director of the Charité’s *Nervenlinik* between 1957 and 1970. In the third edition of his book, *Individualtherapie der Neurosen* (1981), he stated, “I am certainly right when I say: the girls themselves do not know why they do not want to eat and we therapists also do not know”. While I agree that we cannot know for certain why, as elsewhere in the world, some East Germans began to starve themselves, I hope this thesis has at least given us a greater understanding of the ways in which this practice was embedded within the wider cultural context of the GDR and of the ways in which past and present discourses have shaped interpretations of its existence.

## Appendix



# Sozialistische Magersucht

Britische Forscherin untersucht Körperbilder und Essstörungen im letzten Jahrzehnt der DDR

In den 80er Jahren gab es in der DDR einen besorgniserregenden Trend: Immer mehr junge Frauen magerten ab, Essstörungen nahmen zu. Diesen Eindruck vermitteln Medienberichte und andere Dokumente. Welches Ausmaß die Essstörungen hatten und was dahinter steckte, will nun eine Forscherin aus London herausfinden. Für eine Studie sucht sie Zeitzeugen.

**Frau Kerr-Boyle, warum interessiert sich eine britische Historikerin für Essstörungen bei Frauen im letzten Jahrzehnt der DDR?**

Begonnen hat alles mit meiner Faszination für die deutsche Sprache – den ersten Kurs habe ich mit 16 gemacht. Dann kam das Jahr in Karlsruhe als Austauschschülerin. Studiert habe ich mal in England, mal in Deutschland, im Mittelpunkt stand die deutsche Nachkriegsgeschichte. Im Laufe der Zeit habe ich mich immer stärker mit dem Alltagsleben in der DDR beschäftigt.

**Und woher rührt Ihr besonderes Interesse für die Ernährung?**

Da gab es eine Initialzündung. Von Kollegen in meinem Londoner Institut erfuhr ich, wie sehr DDR-Politiker sich in den 80er Jahren Sor-

gen über die steigende Zahl extrem magerer junger Frauen machten. Das passte überhaupt nicht zur gängigen Theorie, wonach die Magersucht eine Krankheit des Überflusses ist – zur östlichen Mangelwirtschaft wollte das nicht passen. Ich begann mich zu fragen, wie verbreitet die Krankheit in der DDR war.

**Hatte der Trend etwas mit dem allmählichen Zerfall der DDR zu tun – eine andere Art des Verdünnens?**

Das weiß ich noch nicht. Aus Krankenakten der Charité ist mir jedoch bekannt, dass dort über viele Jahrzehnte immer wieder einzelne magersüchtige Mädchen und Frauen behandelt wurden. Zu einem größeren Problem aber wurden Essstörungen erst später, in den 80er Jahren.

**Im Westen haben vor allem Frauen Probleme mit dem Essen. War das auch in der DDR so?**

Ja. Das ist merkwürdig, denn Frauen waren in der DDR offiziell gleichberechtigt, die meisten waren berufstätig und materiell unabhängig. Im Vergleich zu Westfrauen hatten sie mehr Kontrolle über ihr Leben. Und dennoch: Hüben wie drüben haben Frauen sich freiwillig fast

## Zur Person



ENGELSMANN

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**Für Ihre Studie „Körper, Essen und Diät in der Deutschen Demokratischen Republik 1949-1989“** sucht Kerr-Boyle noch Zeitzeugen.  
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zu Tode gehungert und ihren Körper mit Ess-Brech-Orgien gequält. Warum? Das interessiert mich.

**Wie wollen Sie es herausbekommen?**

Durch eine Befragung. Ich suche ehemalige DDR-Bürger, die bereit sind, über ihre Erfahrungen zu berichten und mir vielleicht sogar ihre Tagebücher zeigen. Mir geht es nicht nur um Magersucht und Bulimie, sondern auch um die Einstel-

lung zum Essen allgemein, um Körperbilder und Idealfiguren, um westliche Einflüsse und die Macht der Medien, um die Ernährung in der Nachkriegszeit, um Modediäten und wie es war, in der DDR dick zu sein.

**Wie weit sind Sie mit Ihrer Studie?**

Ich habe monatelange Literaturrecherchen hinter mir – im Bundesarchiv, in der Charité, im Dresdner Hygienemuseum. Mit meiner Fragebogenaktion in den Stadtzentren von Dresden, Leipzig und Eisenhüttenstadt bin ich gut vorangekommen. Jetzt fehlen noch ausführliche Gespräche mit DDR-Bürgern und Interviews mit Ärzten, die bereit sind, über die damalige Therapie von Essstörungen zu berichten – auf Deutsch und absolut vertraulich.

**Werden Sie über die Ergebnisse Ihrer Studie berichten?**

Sie ist meine Doktorarbeit und ich hoffe, ein Buch dazu veröffentlichten zu können. Allen, die bei der Befragung mitmachen, schicke ich gern eine Kopie der Dissertation und eine deutschsprachige Zusammenfassung der Resultate.

City:

Date:

Number:

Dieser Fragebogen ist Teil meiner Doktorarbeit an University College London zum Thema Essen und Essverhalten in der DDR. Alle Informationen, die Sie hier angeben, werden mit der höchsten Vertraulichkeit und Anonymität behandelt.



Geburtsdatum (das Jahr reicht)

Weiblich

Männlich

Haupterzieher während Ihrer Kindheit (Mehrfachnennungen möglich)

Mutter

Vater

Großmutter

Großvater

Tante

Onkel

Andere Person (bitte angeben)

Wie viele Schwestern haben Sie?

Und wie viele Brüder?

Hauptberuf(e) Ihrer Mutter

Hauptberuf(e) Ihres Vaters

Ihr Hauptberuf(e) (bitte wo möglich die Daten angeben)

Welcher sozialen Schicht haben Sie zwischen 1949 und 1989 Ihrer Meinung nach angehört (z. B. Arbeiter Milieu; akademiker Kreisen; Mittelschicht)?

Was ist Ihr höchster Bildungsabschluss		Datum
10. Klasse - POS (Polytechnische Oberschule)		
12. Klasse - EOS (Erweiterte Oberschule)		
Abitur		
Fachschule		
Hochschule		
Universität		
Anderes (bitte angeben)		

Alter beim Verlassen des Bildungssystems?

Verheiratet	Ja	Nein	Von wann bis wann?

Wie viele Kinder haben Sie?

Wie alt waren Sie, als Ihr erstes Kind geboren wurde?

**FRAGE 1**

Bitte kreuzen Sie an, welche Aussagen in welchem Zeitraum auf Sie zutrafen (Mehrfachnennungen in jedem Zeitraum möglich)	1945-1949	1950er Jahre	1960er Jahre	1970er Jahre	1980er Jahre
Ich habe Essen nie verschwendet					
Ich hatte viel Vergnügen beim Essen					
Ich habe Essen oft verschwendet					
Ich aß oft zu viel					

**FRAGE 2**

Können Sie sich daran erinnern, dass Familienmitglieder oder Sie selber über den Mangel an Essen während der „Nachkriegszeit“ gesprochen haben?	Ja	Nein
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**WENN SIE 'NEIN' GEANTWORTET HABEN, MACHEN SIE WEITER MIT FRAGE 3**

Wenn ja, wie oft haben sie oder Sie selber darüber gesprochen?	
Oft	
Manchmal	
Selten	

Was haben sie oder Sie selber über das Essen von damals gesagt?

**FRAGE 3**

Wo aßen Sie normalerweise warm?	Als Kind (jünger als 18 Jahre)	Als Erwachsener (älter als 18 Jahre) in der DDR
Zu Hause		
Außerhalb des Hauses, z. B. in der Schule oder im Betrieb		

Wann aßen Sie normalerweise warm?	Als Kind (jünger als 18 Jahre)	Als Erwachsener (älter als 18 Jahre) in der DDR
Zu Mittag		
Zu Abend		

**FRAGE 4**

An wie vielen Tagen pro Woche aßen Sie gemeinsam mit Ihrer Familie?	Als Kind (jünger als 18 Jahre)	Als Erwachsener (älter als 18 Jahre) in der DDR
Sieben		
Sechs		
Fünf		
Vier		
Drei		
Zwei		
Einem (wenn einem, bitte den Tag benennen)		
Nie		

**FRAGE 5**

Wer kaufte in Ihrer Familie normalerweise das Essen ein (Mehrfachnennungen in jeder Spalte möglich)	Als Kind (jünger als 18 Jahre)	Als Erwachsener (älter als 18 Jahre) in der DDR
Mutter		
Vater		
Sie selbst		
Bruder		
Schwester		
Ihre Partnerin (Frau oder Freundin)		
Ihr Partner (Mann oder Freund)		
Sohn		
Tochter		
Schwiegermutter		
Schwiegervater		
Großmutter		
Großvater		

Wer <b>bereitete</b> in Ihrer Familie normalerweise das Essen <b>vor</b> bzw <b>kochte</b> (Mehrfachnennungen in jeder Spalte möglich)	Als Kind (jünger als 18 Jahre)	Als Erwachsener (älter als 18 Jahre) in der DDR
Mutter		
Vater		
Sie selbst		
Bruder		
Schwester		
Ihre Partnerin (Frau oder Freundin)		
Ihr Partner (Mann oder Freund)		
Sohn		
Tochter		
Schwiegermutter		
Schwiegervater		
Großmutter		
Großvater		

**FRAGE 6**

An Feiertagen, z. B. Hochzeiten oder Weihnachten, aßen Sie mehr als gewöhnlich?	Ja	Nein
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**WENN SIE 'NEIN' GEANTWORTET HABEN, MACHEN SIE WEITER MIT FRAGE 7**

Wenn ja, kreuzen Sie bitte die Worte an, die am Besten beschreiben, wie Sie sich fühlten, nachdem Sie so viel gegessen hatten	
Ich hatte ein schlechtes Gewissen	
Deprimiert	
Zufrieden	
Glücklich	
Dick	
Gleichgültig	

**FRAGE 7**

Bitte kreuzen Sie die Worte an, die am Besten beschreiben, wie Sie Ihren Körper wahrnahmen und wie Sie damit umgingen als Sie Teenager(in) waren					
Glücklich		Zufrieden		Unglücklich	
Unzufrieden		Zu dick		Zu dünn	
Nicht muskulös genug		Brüste zu groß		Brüste zu klein	
Brüste missgestaltet		Po zu groß		Po zu klein	
Zu klein (von der Statur)		Zu groß (von der Statur)		Zu behaart	
Hüften zu breit		Hüften zu schmal		Haut pickelig	

**FRAGE 8**

Bitte kreuzen Sie die Worte an, die am besten beschreiben, wie Sie Ihr Körper wahrnahmen, als Sie Mitte dreißig waren					
Glücklich		Zufrieden		Unglücklich	
Unzufrieden		Zu dick		Zu dünn	
Nicht muskulös genug		Brüste zu groß		Brüste zu klein	
Brüste missgestaltet		Po zu groß		Po zu klein	
Zu klein (von der Statur)		Zu groß (von der Statur)		Zu behaart	
Hüften zu breit		Hüften zu schmal		Haut pickelig	

**WENN SIE NOCH NICHT ÜBER 50 SIND, MACHEN SIE WEITER MIT FRAGE 10**

**FRAGE 9**

Bitte kreuzen Sie die Worte an, die am besten beschreiben, wie Sie Ihr Körper wahrnahmen, als Sie Mitte fünfzig waren					
Glücklich		Zufrieden		Unglücklich	
Unzufrieden		Zu dick		Zu dünn	
Nicht muskulös genug		Brüste zu groß		Brüste zu klein	
Brüste missgestaltet		Po zu groß		Po zu klein	
Zu klein (von der Statur)		Zu groß (von der Statur)		Zu behaart	
Hüften zu breit		Hüften zu schmal		Haut pickelig	

**FRAGE 10**

Wie würden Sie den Druck beschreiben, einer bestimmten Körperform zu entsprechen (Mehrfachnennungen in jeder Spalte möglich)	Als Teenager(in)	Mitte 30	Mitte 50
Es gab einen starken Druck			
Es gab ein wenig Druck			
Es gab fast keinen Druck			
Es gab gar keinen Druck			

**WENN SIE 'FAST KEINEN DRUCK' ODER 'GAR KEINEN DRUCK' GEANTWORTET HABEN, MACHEN SIE WEITER MIT FRAGE 11**

Wenn Sie ‚stark‘ oder ‚wenig‘ angekreuzt haben, kreuzen Sie bitte die Wörter an, die am besten die ideale Körperform beschreiben, der Sie entsprechen sollten	Als Teenager(in)	Mitte 30	Mitte 50
Schlank			
Durchtrainiert			
Dünn			
Muskulös			
Üppig			
Mollig			

Woher kam dieser Druck (Mehrfachnennungen in jeder Spalte möglich)	Als Teenager(in)	Mitte 30	Mitte 50
Bekanntes			
Mutter			
Vater			
Geschwistern			
Partner(in)/Gatte/Gattin			
Arbeitskollegen/innen			
Ihren Kindern			
Großeltern			
Mir selbst			
DDR Zeitschriften/Fernsehen/Filmen			
Westlichen Zeitschriften/Fernsehen/Filmen			
Sonstiges (bitte angeben)			



Was haben sie unternommen, um Ihrer idealen Körperform zu entsprechen (Mehrfachnennungen möglich )	Als Teenager(in)	Mitte 30	Mitte 50
Ich habe weniger gegessen			
Ich habe mehr gegessen			
Ich habe Sport gemacht			
Ich habe meine Kleidung sorgfältig ausgewählt			
Nichts			

**FRAGE 11**

Wie oft wurde Abnehmen unter Freunden, Familienmitgliedern oder Arbeitskollegen diskutiert?	Als Teenager(in)	Mitte 30	Mitte 50
Oft			
Manchmal			
Fast nie			
Nie			

**WENN SIE 'NIE' GEANTWORTET HABEN, MACHEN SIE WEITER MIT FRAGE 12**

Mit wem sprachen Sie über das Abnehmen (Mehrfachnennungen in jeder Spalte möglich)	Als Teenager(in)	Mitte 30	Mitte 50
Weibliche Bekannte			
Männliche Bekannte			
Schwester(n)			
Bruder/Brüder			
Mutter			
Vater			
Frau/Freundin			
Mann/Freund			
Arbeitskolleginnen			
Arbeitskollegen			
Sohn			
Tochter			
Arzt			
Niemandem			

**FRAGE 12**

Haben Sie zwischen 1949 und 1989 versucht abzunehmen?	Ja	Nein
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**WENN SIE 'NEIN' GEANTWORTET HABEN, MACHEN SIE WEITER MIT FRAGE 13**

Wenn ja, wann (Mehrfachnennungen möglich)?	
1940er Jahre	
1950er Jahre	
1960er Jahre	
1970er Jahre	
1980er Jahre	

<b>Warum</b> haben sie versucht abzunehmen (Mehrfachnennungen möglich )?	
Ihrem/Ihrer Partner(in) zuliebe	
Jemand hat etwas schlechtes über Ihr Gewicht/Ihren Körper gesagt	
Sie konnten keine schöne passende Kleidung finden	
Auf Rat eines Arztes	
Um schöner zu werden/besser auszusehen	
Um selbstbewusster zu werden	
Um Ihre Leistungsfähigkeit zu steigern	
Um sich gesünder zu fühlen	
Um dem Staat weniger zur Last zu fallen	
Sonstiges (bitte bestimmen)	

<b>Wie</b> haben Sie versucht abzunehmen (Mehrfachnennungen möglich)?	
Ich habe weniger fettreiches Essen verzehrt	
Ich habe fettreduzierte/fettarme Produkte (z. B. Suppina and frische Rahmbutter) verzehrt.	
Ich habe Diät- und Abmagerungskuren ( z. B. die Punkte-Diät und Fastenkuren)gemacht	
Ich habe Mahlzeiten übersprungen	
Ich habe Abmagerungsmittel (z. B. REDUKAL) benutzt	
Ich habe mehr Sport gemacht/körperliches Training gemacht	
Sonstiges (bitte bestimmen)	

**FRAGE 13**

Haben Sie jemals bei einem Arzt wegen Abnehmen Rat gesucht?	Ja	Nein
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**WENN SIE 'NEIN' GEANTWORTET HABEN, MACHEN SIE WEITER MIT FRAGE 14**

Wenn ja, bitte beschreiben Sie kurz den Rat/die Behandlung
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**FRAGE 14**

Haben Sie zwischen 1949 und 1989 jemals das Folgende gemacht (Mehrfachnennungen möglich)?	
A. Ich hatte oft Freßanfälle	
B. Ich habe viel Gewicht verloren, in dem ich absichtlich weniger gegessen habe	
C. Ich mich absichtlich und regelmäßig nach dem Essen übergeben	
D. Weder A., B., noch C.	

Wenn Sie A., B., oder C. angekreuzt haben, kreuzen Sie bitte den Zeitraum an (Mehrfachnennungen möglich; bitte A, B oder C angeben)	
1940er Jahre	
1950er Jahre	
1960er Jahre	
1970er Jahre	
1980er Jahre	

**Vielen Dank für Ihre Mühe.**

Wenn ich Sie zwecks dieser Studie in Zukunft kontaktieren darf, bitte geben Sie hier ihre E-Mail Adresse und/oder Telefonnummer an:



## Informationsblatt für Interviewpartner als Teil eines Forschungsprojekts

Projekttitel **Eine Sozialgeschichte von Essstörungen hinter dem Eisernen Vorhang: Körper, Essen und Diät in der Deutschen Demokratischen Republik, 1949-1990**

Diese Studie ist von der Kommission für Forschungsethik der UCL genehmigt worden. Project ID Number:

**2017/001**

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Ich möchte Sie zur Teilnahme an diesem Forschungsprojekt einladen.

Ihre Teilnahme ist freiwillig; wenn Sie nicht teilnehmen, werden Sie in keinsten Weise benachteiligt. Es ist wichtig, dass sie vor Ihrer Zusage zur Teilnahme die folgenden Informationen vorsichtig durchlesen und notfalls mit anderen besprechen. Bitte wenden Sie sich an mich, falls irgendetwas unklar ist oder sie mehr Information benötigen.

Diese historische Studie untersucht Einstellungen zu Essen, Diät und Körperfett in der Deutschen Demokratischen Republik, 1949 bis 1990. Das Ziel der Studie ist es, ein besseres Verständnis des Alltagslebens in der DDR zu bekommen. Sie erforscht, wie Einstellungen zu Essen, Diät und Körperfett geformt wurden und welchen Einfluss diese auf das Verhalten von DDR-Bürgern hatte. Ein Teil der Studie befasst sich mit dem Vorhandensein von Übergewichtigkeit und auch von Essstörungen in der DDR und versucht, dies als Teil des breiteren kulturellen Kontexts zu erklären. Ich bin daran interessiert, mit ehemaligen DDR-Bürgern über ihre Erfahrungen mit Essen, Diät und Körperfett in dieser Zeit zu sprechen.

Wenn Sie Ihre Teilnahme an diesem Projekt zusagen, wird das Interview zu einer Ihnen passenden Zeit stattfinden.

Alle veröffentlichten Daten, die durch das Interview entstehen, werden komplett anonymisiert. Persönliche Daten, die mit Ihnen in Verbindung gebracht werden könnten, werden nicht an Dritte weitergegeben.

Wenn Sie eine Kopie der Dissertation erhalten möchten, schicke ich Ihnen natürlich gerne eine elektronische Version.

Es steht Ihnen komplett offen, ob sie teilnehmen oder nicht. Wenn Sie sich entscheiden teilzunehmen, können Sie jederzeit und ohne Angabe eines Grundes Ihre Teilnahme absagen.

**Alle Daten werden gemäß dem Data Protection Act 1998, dem britischen Datenschutzgesetz, gesammelt und aufbewahrt.**

## Interview Fragen

### Allgemeine biografische Fragen

1. Wann (das Jahr reicht) und wo wurden Sie geboren?
2. Wo sind Sie aufgewachsen?
3. Wer hat zusammen unter einem Dach gewohnt (z. B. Mutter, Vater, Geschwister)?
4. Was war der Hauptberuf Ihrer Mutter?
5. Was war der Hauptberuf Ihres Vaters?
6. Was war Ihr Hauptberuf zu DDR Zeiten?
7. Welcher sozialen Schicht haben Sie zu DDR Zeiten Ihrer Meinung nach angehört (z. B. Arbeiter; Intelligenz; Mittelschicht)?
8. Was ist Ihr höchster Bildungsabschluss (z. B. 10. Klasse POS; 12. Klasse EOS; Fachschule; Hochschule; Universität)?
9. Wie alt waren Sie beim Verlassen des Bildungssystems?
10. Sind Sie verheiratet? Wenn ja, von wann bis wann?
11. Haben Sie Kinder? Wenn ja, wie viele?
12. Wie alt waren Sie, als Ihr erstes Kind geboren wurde?

### Kindheit

13. Beschreiben Sie bitte Ihre Kindheit.
14. Wie fühlten Sie sich in der Schule?
15. Wo und wann aßen Sie normalerweise warm (als Kind und auch als Erwachsener in der DDR)?
16. Gab es Regeln in der Familie, die sich auf Essen oder Mahlzeiten bezogen?
17. Können Sie sich daran erinnern, daß Familienmitglieder über das Mangel an Essen während der Nachkriegszeit gesprochen haben? Wenn ja, wissen Sie noch was gesagt wurde?
18. Hatten Sie als Teenagerin Vorstellungen wie eine Frau eigentlich sein sollte? Wollten Sie auch so sein? Glaubten Sie, daß Sie diese Vorstellungen entsprach?
19. Als Kind und auch als Teenagerin wie nahmen Sie Ihre Körper wahr und wie gingen Sie damit um? Waren Sie damit zufrieden oder eher unzufrieden?
20. Dachten Sie damals, daß die Gelegenheiten und Erwartungen anders war als Frau/Mädchen als die für die Jungs/Männer?
21. Waren 'Diäten' und 'Abnehmen' Gesprächsthemen unter Ihre Freundinnen als Sie Teenagerin waren? Wenn ja, was wurde darüber gesagt und wie oft wurde darüber gesprochen? Wurde Diäten auch gemacht?
22. Wurden Sie und Ihre Freundinnen von westlichen Fernsehen, Zeitschriften, Models usw beeinflusst oder eher von östlichen Medien?

Essstörungen

23. Wissen Sie noch *wann* bei Ihnen die Magersucht angefangen hat?
24. Wissen Sie noch *wie* das angefangen hat?
25. Wissen Sie noch *warum* Sie damit angefangen haben?
26. Bitte beschreiben Sie Ihr Essverhalten von damals.
27. Wie fühlten Sie sich, als Sie damit angefangen haben? Hat sich das Gefühl in Laufe der Zeit verändert?
28. Hatten Sie damals schon was von Eßstörungen gehört oder gelesen? Oder kannten Sie jemanden, die auch magersüchtig war?
29. Was für eine Bedeutung hatten Essen, Abnehmen und einen schlanken/dünnen Körper für Sie damals?
30. Haben Sie damals gedacht, daß dieses Essverhalten sich irgendwie helfen könnten?
31. Haben andere Leute was davon mitgekriegt? Wenn ja, wie haben sie reagiert?
32. Gingen Sie zum Arzt wegen der Magersucht? Sind Sie freiwillig gegangen oder eher gezwungen?
33. Was hatte der Arzt gesagt/gemacht?
34. Wurden Sie stationär behandelt? Wenn ja, könnten Sie das bitte beschreiben.
35. Gab es andere magersüchtig oder bulimische Patienten/innen dort? Haben Sie sie angefreundet?
36. Ging es Ihnen nach einiger Zeit wieder gut? Wenn ja, wann und wie ist das passiert?
37. Wie hat die Behandlung Ihr weiteres Leben geprägt?
38. Viele Leute sagen, daß seit der Wende die Fälle von Essstörungen haben sich erheblich erhöht. Denken Sie, daß das stimmt? Warum ist das Ihrer Meinung nach passiert?
39. Es interessiert mich, warum Frauen am meisten betroffen sind. Glauben Sie, daß wenn Sie einen Jungen gewesen wären, Sie trotzdem magersüchtig geworden wären?
40. Gibt es noch etwas, daß Sie dazu sagen möchten?
41. Haben Sie vielleicht Tagebücher von damals behalten und wären Sie bereit sie mir zu zeigen?
42. Kennen Sie noch jemand, die auch unter Essstörungen in der DDR gelitten hat und vielleicht auch Bereit wäre, darüber zu sprechen?

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*This provided material for the analysis of press coverage of eating disorders, cultures of dieting and health propaganda.*

Deutsches Hygiene-Museum Dresden (DHMD Arch)

*This provided material for the analysis of health propaganda.*

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*This holds some of the material from the Deutsches Hygiene-Museum Dresden. It provided material for the analysis of health propaganda.*

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*This provided material for the analysis of health policies and health propaganda, and for the analysis of cultures of eating and dieting. Files were consulted from the Ministry of Health (Ministerium für Gesundheitswesen), Institute for Market Research (Institut für Marktforschung) and the Central Institute for Youth Research (Zentralinstitut für Jugendforschung).*

### II. Magazines and Newspapers

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*Bauern-Echo*

*Berliner Kurier*

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*BZ am Abend*

*Das Magazin*

*Deine Gesundheit*

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*Der Tagesspiegel*

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*Die Lebensmittel-Industrie*

*Die Tageszeitung*

*Die Zeit*

*Emma*

*Freie Welt*

*Freiheit*

*Für Dich*

*Guter Rat*

*Humanitas*

*Junge Welt*

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