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EXPLORING HUMAN DIVERSITY: A DOSSIER DEVOTED TO DISABILITY HISTORY /
EXPLORANDO LA DIVERSIDAD HUMANA: UN DOSSIER DEDICADO A LA HISTORIA DE LA DISCAPACIDAD

INTELLECTUAL DISABILITIES IN EAST AND WEST GERMANY: A BRIEF COMPARATIVE HISTORY

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ABSTRACT: The article reconstructs how the different parts of Germany began to rebuild a system of medical care and education for people with disabilities after WW II. Furthermore, the struggle between medicine and education will be addressed. Using the example of intellectual disabilities, the article examines how different ideological backgrounds influenced both, perceptions of disabilities as well as the professional ways in which they were dealt with. By analyzing several contemporary sources, this article will show how professionals thought about disabilities in general and intellectual disabilities in particular. The study will compare the different narratives about intellectual disabilities by analyzing psychological, medical and educational journals as well as reports of contemporary witnesses.

KEY WORDS: Intellectual disabilities; Germany; 20th century; comparative history.

DISCAPACIDADES INTELECTUALES EN ALEMANIA ORIENTAL Y OCCIDENTAL: UNA BREVE HISTORIA COMPARADA

RESUMEN: Este artículo reconstruye la manera en la que las diferentes zonas de Alemania surgidas tras la II Guerra Mundial comenzaron a reconstruir un sistema de asistencia médica y de educación destinado a las personas con discapacidades. En él se presta atención además al enfrentamiento existente entre la educación y la medicina. Tomando como ejemplo las discapacidades intelectuales, este trabajo examina la forma en que los diferentes referentes ideológicos influyeron tanto en la manera en la que se percibieron las discapacidades como en el modo en que los profesionales se enfrentaron a ellas. A través del análisis de diversas fuentes de la época, el artículo mostrará la manera en la que los profesionales entendieron las discapacidades en general y de manera especial las discapacidades intelectuales. El estudio comparará diferentes narrativas sobre la discapacidad intelectual analizando revistas psicológicas, médicas y educativas así como informes de testigos de ese momento.

PALABRAS CLAVE: Discapacidades intelectuales; Alemania; Siglo XX; Historia comparada.

1. AFTER THE WAR

At the end of World War II, systems of care for people with disabilities were in terrible shape all over defeated Germany. "In its early years, the GDR faced an almost impossible situation that threatened its very existence: the war's economic devastation and the lack of funds for rebuilding; the ever present" (Poore, 2007, p. 233). The same was true for psychiatric institutions like mental hospitals, which until then had been the dominating institutions of care for people with intellectual disabilities. And the situation for kindergartens and schools was no different. A complete lack of architectural standards, medical and teaching staff and conceptual frameworks, before both German states were founded, marked especially the years from 1945 to 1949. First attempts at reconstruction were made but general shortage of nearly everything hampered all efforts. Not surprisingly, medical staff — both doctors and nurses— faced extreme challenges in their fight against epidemics such as tuberculosis and sexually transmitted diseases. The Eastern part of Germany was additionally hard-hit by an exodus of qualified staff to the West (Bundesministerium für gesamtdeutsche Fragen, 1960, p. 145). On top of all of this, people working in the medical or the educational field with a specialization for people with disabilities were few and far between. As a result, during those years people with intellectual disabilities had their most basic needs taken care of but one can't really speak of adequate care, let alone an education. In the Western occupation zones, conditions for people with intellectual disabilities were hardly any better:

1945 can't be seen as a complete new beginning. Although people with intellectual disabilities weren't killed purposefully any more [as during Nazi regime, addendum by the author], their situation was still dominated by a biologicistic-nihilistic anthropology (Becker, 2011, p. 132).¹

Despite the fact that the economy in Western Germany developed rapidly, shortage predominated even the 1950s, as Busemann stated in 1955: "All types of institutions are soaring, although even roughly covering the needs." (Busemann, 1955, p. 4).

While there weren't strong distinctions in East and West Germany immediately after the end of World War II, within the next four years, differences emerged due to the consolidation of socialism in the German Democratic Republic (GDR from now onwards) and capitalism in the Federal Republic of Germany (FRG from now onwards). Although medical and pedagogical views of people with intellectual disabili-

ties determined all actions concerning the treatment in both countries, political ideologies as well had an impact on the scope of initiatives for this group. Nevertheless, a close comparison also shows similarities between both political entities in the way intellectual disabilities were perceived.

2. INTELLECTUAL DISABILITIES IN WEST GERMANY

In the Western hemisphere, until the 1970s/80s the perception of intellectual disabilities was strongly dominated by the medical model of disabilities. West Germany was no exception, and thus, early practices in West Germany were mostly guided by psychiatry. One of the generally accepted and widely practiced methods to deal with people with intellectual disabilities was to separate them from the mainstream. The more severe disabilities were diagnosed, the more people with this label were placed in institutions of continuing care (Thümmel, 2003, pp. 133ff). Post-war theory was indeed strongly tied in with pre-war psychiatric approaches. Forster argues that psychiatry tried to find their way of normality soon, which meant restoration of traditional structures: a massively exclusion of patients, insufficient staff and infrastructure, isolation from international developments in the field of institutional psychiatry and tabooing the national-socialist past (Forster, 1997, pp. 55-56).

Although in the years after the war only a minority of people with the label "intellectually disabled" were placed in psychiatric institutions, placements in specialized institutions such as asylums (but not special schools) were common. They were accepted as a good way to support this group. Individual voices criticizing the situation of psychiatry rallied for reform already in the 1950s but even they did not pay much attention to the issue of intellectually disabled people placed in psychiatric institutions (Noack, 2006). Despite the fact that attempts to offer education also to this group had been made since the mid 19th century (Ellger-Rüttgart, 2008, pp. 86-98), a majority of experts 100 years later did not believe in integration and education of people with intellectual disabilities but rather in separation. Of course their argument was also based on the assumption that society profited from separation. Discourse on this phenomenon strongly concentrated on medical views.

For more than 100 years, mental hospitals in Germany have attempted to assist parents in the care and education of their problem child ("*Sorgenkind*"). For different groups of feeble-minded, the asylum may offer the best refuge. Here, they can live a life free from misery, threat, narrowness and isolation (Schlaich, 1962, p. 10).

The situation changed when the educational sciences underwent a development during the 1950s. Within a decade, traditional special education (*Heilpädagogik*) changed to an academic field, which positioned itself as an alternative to mainstream educational sciences. Thus, the 1960s became a crucial decade for ideas about disabilities.

2.1. The rise of special education

Starting in the early 1960s, a transformation took place, reflecting both the beginnings of special education as an academic discipline as well as the budding antipsychiatry movement. The latter culminated in the "Psychiatry Enquete" of 1975, initiated by the West-German government. The paper argued for a modernization of psychiatric therapy, for instance setting up 'open doors-institutions' or community based care instead of continuing to place a growing number of individuals in major psychiatric hospitals. Another demand was the separation of care for people with mental illnesses from the care for those with intellectual disabilities. The enquete commission's recommendations had great impact on the public, on the political administration and on arrangements of psychiatry. Nevertheless, critics still found fault with the focus on traditional medicine and a lack of clarity regarding responsibilities (Forster, 1997, p. 57).

The progress of special education, which positioned itself as the dominant expert discipline for people with intellectual disabilities in the 1960s, did even more to change the perception of these disabled people. As a 'side effect' to this development, different categories of disability were constructed, in order to be able to 'assign' each individual with a disability to a certain category, according to a set of attributes. This was no different than in other countries, where certain professions claimed expertise for certain categories of disability. For German special education, this meant that it subdivided itself into more than ten branches. Each of those branches was connected to a specific 'set of disabilities', the definitions of which originated from medicine (Pfahl, 2011, p. 92). Ironically, special education used those medical categories despite the fact that representatives of this discipline tried to dissociate special education from medicine.

The discipline gained more and more influence, triggering the rise of associations such as "*Lebenshilfe*", which was founded in 1958 and which is, until today, one of the most influential German lobby groups for people with intellectual disabilities. For people with intellectual disabilities themselves, these developments

meant the beginning of an era of 'educationalization' instead of medicalization. "The profession of special education obtained nearly exclusive authority for children with disabilities through the expansion of school systems for special education" (Pfahl, 2011, p. 238). For Pfahl, this is connected with the alienation from biological models of disabilities, starting in the 1960s, and their replacement by social models (2011, p. 238).

The field of special education with its many subdivisions indeed had a massive influence on political decisions. The more resources special education claimed, the more it got. Special education in theory and practice thus turned into a self-sustaining system with many stakeholders for its own maintenance (Powell, 2007, p. 326). Powell argues that the self-sustaining system powered by stakeholders also led to a political consolidation of disabilities.

Unlike rehabilitation education in the GDR, special education in the Federal Republic of Germany was connected to the current discourse on intellectual disabilities in other Western countries (Ellger-Rüttgardt, 2008, p. 298). Starting in the late 1950s, day care centers and institutions of remedial education and social pedagogy were established. Quite similar to the situation in the GDR, children with intellectual disabilities were not integrated into the regular school system. In both German states, people with intellectual disabilities were regarded as "uneducateable". For West Germany, this changed in 1965, when a federal decree allowed the establishment of schools for children with intellectual disabilities. By the 1970s, special schools for this group had become an integral part of the school system in all West-German federal states (Speck, 2005, pp. 33-35).

Professionals for the education of people with intellectual disabilities participated in the discourse of international experts (Ellger-Rüttgardt, 2008, p. 297). Nevertheless, some specific German developments arose. For example, in a process parallel to the establishment of numerous subdivisions in the field of special education and its gaining influence on the discourse about disabilities in general, traditional "*Heilpädagogik*" re-emerged as the profession responsible for adult people with disabilities. Whereas special education was considered to be responsible for education in schools with a theoretical framework not dominated by biological and medical aspects, "*Heilpädagogik*" emphasized the nexus between medicine and education. Therefore, "*Heilpädagogik*" focused on therapeutic education. "Medical-educational action" was of major importance for the discipline's self-image

(Klein & Neuhäuser, 2006, p. 44). However, until today the terms “special education” (*Sonderpädagogik*) and “*Heilpädagogik*” are used synonymously at times.

2.2. A model of intellectual disabilities in West Germany

Examination of the specific concept of disabilities for special education as a subdiscipline of general education needs to address issues of anthropology. Under terms of education disabilities can be seen as the initial situation for special education. Thus, the existence of disabilities under the conditions that the profession attributes to it is a key component for its own existence (Moser, 2003, p. 17).

Characteristics of West-German special education were the focus on disability as an ethical and an anthropological issue. Here, lines of tradition from 19th century “*Heilpädagogik*” extended into the new profession, although the notion “*Heil*” (which means heal, salvation) appeared to be shaping the theories less strongly than it had been in the centuries before. Moser argues that the evolution of specific concepts of disabilities in West-German special education triggered a Kuhnian paradigm shift. Thus, special education and the concepts of disabilities progressed in a co-ontogenesis (Moser, 2003, p. 20). Emergence of this profession was accompanied by the conviction that ethical and social problems connected with disabilities could be solved in by means of pedagogy. As a consequence, and quite different from disciplines such as medicine, social work, legislation and community care, special education developed the self-concept of a holistic profession supporting all people with disabilities by offering them education and thereby giving them a chance of complete integration into society. In the early years, integration was indeed defined as the ability to participate in the workforce and to enjoy access to culture.

Of course, special education operated —and still operates— with concepts of difference. These include distinct valuations, for example with regard to performance. The preservation of categories of difference between disabilities and normality, and furthermore the preservation of differences within categories of disabilities were strengthened by experts to ensure their own institutional concepts, which were based on segregation of the disabled (Tervooren, 2003, p. 26). Incipient stages of a social model of disabilities have shaped special education since the 1960s, but unlike the aim of 1990s disability studies, “the [...] ‘we’ and ‘they’ conception that implies both a victim/perpetrator and a normal/abnormal relationship between

the disabled and the nondisabled” wasn’t called into question (Garland-Thomson, 1995, p. 15).

The relativity of normality/ abnormality culminating in disabled/ abled had been stressed already in the 1970s. Special education tended to support those who were classified as abnormal/ disabled by promoting social integration. Efforts to abandon classifications altogether appeared very seldom.

In summary, it can be stated that concepts of disabilities in West Germany from the 1960s to the late 1980s already focused on a social model. “People are regarded as disabled when their physical, psychic or mental impairments result in difficulties to live an independent life and to participate in society” (Bleidick, 1977a, p. 9). Unlike today, constructivist approaches were less important. Although social factors like family situations were reconsidered for the development of psychic disorders like behavioral problems or learning disabilities, factual impairments of the individual person were ever-present: “A disability is always a result of an impairment, a lack or defect. This could be an early childhood brain damage, a native deformation of limbs or the loss of a sensory organ” (Bleidick, 1977a, p. 10). Interestingly, medical or organic aspects here were seen as the root of disabilities. Medicine also was responsible for dealing with the individual impairments. But professionals in the field of special education were regarded as experts for disabilities in general, in a more comprehensive way. Here, ethical and anthropological responsibility is part of the profession, with a critical view on society and its norms. “In the end, social norms of the society determine who is disabled and who is not. Furthermore, they determine how severe an impairment is” (Bleidick, 1977a, p. 10).

As described earlier, models of intellectual disabilities underwent a process of being re-defined, especially after the parents’ organization “*Lebenshilfe*” had been founded. This organization’s advocates argued against terms like “feeble-mindedness”, “idiocy” and “imbecility” or “oligophrenia” and in favour of terms such as “mentally retarded” or “mentally disabled”. Experts agreed that classification of intellectual disabilities was difficult and depended on current theoretical foundations of the professions. Following the definition of the American Association of Mental Deficiency (AAMD), standardized intelligence tests became the standard procedure of diagnostics. Although many people regarded this procedure critically, it was widely used. But unlike the definition of the AAMD, which did not attempt to give any explanation for the

emerge of intellectual disabilities, definitions in West-Germany stressed the notion that intellectual disabilities were based on genetic, physical or other organic impairments. This becomes apparent when looking at the definition of the commission called "*Deutscher Bildungsrat*", which was responsible for giving advice to the governments of the West-German states with regard to the developments in the field of education. The commission existed from 1966 to 1975. One definition for intellectual disabilities, which strongly influenced political decisions, was this: "Persons are regarded as mentally disabled when organic, genetic or other impairments impact the entire development and educability of this person in a way that he prospectively needs social and pedagogical support for life" (Deutscher Bildungsrat, 1973, p. 37).

In the light of this definition, a system of special schools for children and young people with intellectual disabilities had been established in all West-German states. Although social factors were left out of the official definition, theory of special education included them:

A multidimensional view of intellectual disabilities needs to address psychic impairments as a result of the socio-environment. Parents often reject elementary needs of their children like affection and emotional security. They don't realize education and nurture in an appropriate way (Bleidick, 1977b, p. 59).

Finally, just like in East Germany, pedagogical experts referred to humanism when postulating the need to integrate people with disabilities into family, the workforce and public life in general (Bleidick, 1977a, p. 11). Professional ethics were based on the assumption that a major task for special education—next to education and counseling of parents—was to do public relations work for the acceptance of disabilities in society (Bleidick, 1977b, p. 53). The latter specifically applied to special education in the West.

Having said all this, it becomes obvious that the model of intellectual disabilities in West-German special education was characterized by a professional self-concept where "offering help" and "giving support" to disadvantaged groups were guidelines for experts. Although referring to a social model of disabilities, which included fluid concepts of what the term "disabilities", really means, practice was based on inflexible ascriptions and distinct expertise. In a way, representatives of special education argued conclusively. "The social model places the responsibility squarely on society and not on the individual with a disability to remove the physical and attitudinal bar-

riers that 'disable' people with various impairments and prevent them from exercising their rights and fully integrating into society" (Kanter, 2013, p. 10). Having this in mind, it's not up to the individual to change his or her situation, but to the society using normative institutions like schools, social and medical care. Approaches challenging this view only started to emerge in re-united Germany in the 1990s, when the disability rights movement of people with intellectual disabilities started to gain influence.

3. CONCEPTS OF INTELLECTUAL DISABILITIES IN EAST GERMANY

Especially in the first years after the war, socialist utopianism occasionally had an impact on concepts of disability. Gerda Jun, a psychiatrist from the German Democratic Republic (GDR) remembers a situation in a seminar for the social sciences where a lecturer said: "In the future there will be no or at least almost no problems caused by psychic disorders. The environment forms men and we establish a new society." (Jun, 2002, p. 54) As Carol Poore states,

the relationship of socialist theory and practice to the body, and specifically to the disabled body, is fraught with contradictions. It is a complex story both of seeing and blocking from view; of susceptibility to eugenic, biologicistic tendencies; and of compassionate, supportive perspectives rooted in a commitment to human equality. [...] Socialists dreamed of creating a classless society in which all people would share equally in the duties of production and would thus have enough time to develop all their capabilities and talent (Poore, 2007, p. 231).

Despite the fact that medical views on disability dominated scientific and social discourses, at least on the level of theoretical modeling, aspects of social constructivism had some bearing on the idea of disabilities in socialist society. This became apparent, for instance, when in the 1950s, Pawlow's behavioral theory was transferred to special education. With the help of Pawlow, pedagogy tried to explain the relationship between physical and psychological or sociological aspects, respectively, in childhood development as well as its impact on the behavior of people in general. Socialist researchers tried to find the "correlation between natural and social living conditions with the aim to determine it in a dialectic-materialistic way" (Becker, 1979, p. 28).

Of course this example can't hide the fact that overall, during these early years of the GDR, only few people turned towards socialism as something to be

integrated into theories about disabilities. But socialism dominated nearly all other discourses as well. Nevertheless, a “growing disillusionment with” the rise of real socialism came up early (Poore, 2007, XX).

Actually, for those in contact with disabilities thinking about this was connected to medicine, especially when it came to intellectual disabilities. This can be explained with the low status intellectual disabilities had, both in politics and in society in general. On the other hand, however, socialism was a holistic idea. Theorists assumed that once socialism would have transformed the entire society, all kinds of disabilities, which derived from the psychological sphere, simply wouldn't exist any more. Of course this utopian dream was contradicted by the empirical truth. Starting in the early 1960s, pedagogical efforts were extended in order to include people with intellectual disabilities. The on-going existence of intellectual disabilities was acknowledged, despite the fact that a positive influence of socialism on people with those kinds of disabilities was still being expected. New theories on intellectual disabilities emerged from the field of so-called “rehabilitation education”, the academic field of special education in the GDR.

3.1. The impact of educational theories on models of intellectual disabilities

Education became more and more important as an issue in GDR politics. Starting in 1948, mainstream schools went through a period of ‘Sovietization’ and ‘ideologization’. Initially, this movement had no effect on disability theories. Some children and young people with intellectual disabilities attended schools (usually “Hilfsschulen”=schools for special education with a focus on low performing children) (Barsch, 2013, p. 113). With the beginning of the 1960s, however, this changed. Special education, known in the GDR as “Rehabilitation Education”, emerged and was integrated into the system of socialist education. At the same time, day-care centers for children with intellectual disabilities were established. As a consequence, the few students of this group who visited special schools were excluded from schools and did not get the opportunity to receive training in literacy skills any more. Officially, this step was regarded as a vital necessity for the improvement of education in special schools. This official version was based on the idea that not teaching literacy and mathematical skills to students who are not able to learn them anyway would save human resources in the form of both teachers and

the remaining students in special classes (Eßbach, 1985). The line of exclusion was drawn between so-called ‘educable feeble-minded’ and the ‘uneducable but trainable feeble-minded’. The latter were those with intellectual disabilities. There was more or less no reflection about such labels that “gave a false impression of scientific exactness” (Poore, 2007, p. 258). Additionally, people with an IQ under 20 —diagnosed by a psychiatrist— were counted as ‘nursing cases’. They didn't have any access to education or care. Providing them with basic supplies and care usually took place in the parents' homes, in clerical institutions or mental hospitals. Until the end of the GDR this group had no relevance to any scientific field occupying itself with disability.

To come back to the exclusion of the ‘uneducable-trainable feeble-minded’ from schools: As already mentioned, the official version of why they were denied their rights was the improvement of education in special schools. Unofficially, however, the exclusion might have been a result of ideological views as well as economic considerations. The Ministry of Health and not the Ministry of People's Education supervised the day-care centers. The reasons for the Ministry of Education's shirking its responsibilities might have been based on the following:

- Contemporary witnesses suspect that none of the political decision makers saw any relevance in teaching children in day-care centers subjects related to socialism and Marxism because those children weren't considered important enough for society (Barsch, 2013, p. 216).
- Contemporary witnesses also argue that the intellectual “defect”² of this group resulted in a view that it wasn't ascribed the ability for radical actions. Consequently, nobody regarded them as a threat to the political establishment.
- Maybe disability, especially intellectual disability, was seen exclusively from a medical-psychiatric perspective. Movements towards a more comprehensive, socio-cultural view on disability, as they developed in most Western countries, barely existed. This was true for most socialist countries before the period of change in the early 1990s. It also implied an education focused on medical rehabilitation rather than on a process of social integration.

Another reason might be that the training of teachers was more expensive than that of caretakers. The national budget of the GDR was always under strain.

Another important hurdle on the way towards more self-determination, normalization and participation for people with intellectual disabilities in the GDR was the virtual ban of parent-associations and the lack of any lobby. This also meant a fundamental lack of innovative drive regarding living conditions of people with intellectual disabilities (Hübner, 2000, 169).

Nevertheless, although officially excluded from schools, a very small number of children with intellectual disabilities still had the opportunity to attend special schools, depending on the social status and commitment of their parents —despite the proclaimed equality of all citizens in socialism. But the majority was placed in day-care centers. Curricula had been in existence there since the late 1970s. Those curricula contained less socialist ideology than regular school curricula and more training in elementary skills such as self-help, simple occupational skills, and elementary knowledge of the environment as well as of the nature of social relationships. This was similar to special education provided in other countries and was of practices in most West-German states. Of course students in the GDR were taught the supremacy of socialism over capitalism and about the advantages of socialist humanism for themselves but only to a small degree. However, the aim of education for all citizens in the GDR was the cultivation of the so-called “well-shaped, educated, harmoniously developed socialist personality”, focusing on the collective rather than on the individual person.

3.2. A socialist model of disabilities

Particularly with regard to “disability”, socialist theory didn’t develop a special focus on that topic until the 1960s, which is around the same time when other countries, with different ideologies, did so. This notwithstanding, many publications postulated the improvement of living conditions for disabled people which supposedly was brought about by socialism. For example, a 1981 text entitled “Socialist Humanism and impaired life” stated: “Real humanism is an essential attribute of socialist society. The highest objective of socialist development is the welfare of man and happiness for all people” (Körner; Löther and Thom, 1981, p. 11).

The same authors then asked what this meant for people with “defects”, and their conclusion was that their well-being hadn’t been an issue of socialist theory at all: “At best socialist theories mention that being a human is connected with an organism with complete and well-functioning structures”.

A very important element of the socialist ideology was the concept of “performance”, which means the ability to perform:

With respect to disabled people, the constant emphasis on performance had contradictory tendencies. On the one hand, it served to support efforts to rehabilitate them and get them into the workplace. On the other hand the pressure to perform also had an exclusionary effect on many disabled people who needed extra support or were truly not able to work (Poore, 2007, p. 249f.).

For example, looking at contemporary arts of the early years of the GDR, the high value associated with health and the ability to perform, especially for economic goals, becomes obvious: “Iconic images from this period portray strong, healthy workers [...]. As far as depictions of poverty, disability, or illness among working people or the lower classes were concerned, these occurred only as projections onto the exploitative, inhumane capitalist West” (Poore, 2007, p. 234).

Another example given by Poore is GDR author Führmann, who wrote fairy tales for intellectually disabled patients: “Stasi informants were highly suspicious of these activities, reporting that Führmann was spending time with the feebleminded [...] and that perhaps he needed to be committed to a psychiatric institution himself” (Poore, 2007, p. 246).

Especially the last example shows the gap between proclaimed goals and reality. Although there were many efforts to improve the living conditions of intellectually disabled people —and many improvements really were made— there wasn’t a push towards emancipation or participation or even more acceptance for disability within the population. In socialist ideology, and in socialism in practice, disabled people always were in an exceptional position.

A specific model of disability emerged from the academic field of rehabilitation education. As said before, disabilities were seen as defects (“*Schädigung*”), which means first and foremost physical impairments. Intellectual disabilities were also embedded in this classification of physically caused deficiency. Here, the defect was seen as based on neurological issues, although society as a factor of influence was also considered to be of importance. Overall, the interaction between biological, mental and social factors was assumed to form the individual human being. Therefore, education should have had high influence on disabled children:

Even in the field of care and education for the ‘uneducable but trainable intellectual impaired’ the marxistic-dialectic understanding of personal development as an interaction between biological, mental and social factors with a dominance on social factors gains acceptance (Kleye and Zschocke, 1979, p. 76).

In other words: disability was characterized by a psycho-social result of “biological” defects which impacts personal development (Becker, 1979, p. 91) —a view which is quite close to the contemporary social model of disabilities. But much more than in contemporary models, the factor “defect” was emphasized. The important role the social environment had for participation was taken into account as well, but in a much more political manner than in the West: Social environment meant socialist society. This view is shown vividly in an advisory text for parents of children with Down’s syndrome from 1982:

Birth of an impaired, physically suspicious child means psychic trauma for the involved family. Fate of children with Down’s syndrome is determined by everlasting intellectual defects, short life expectancies due to cardiac defects or other anomalies. But parents should know that promotion of physical and mental developments is possible whereby social environment plays an important part (Steinbicker; Ged-schold and Göhler, 1987, p.5).

In actual fact, medical diagnostics ruled the situation of people with intellectual disabilities. Nevertheless, publications stressed the notion that socialist education took the role of the society much more into consideration than West-German “*Heilpädagogik*” (=special education) did:

Representatives of ‘*Heilpädagogik*’ consolidate their system of education of impaired children mainly on the basis of medical, psychopathological or pathopsychological classifications of defects. With regard to this approach education is guided by the idea of removing the ‘otherness’ of the abnormal personality by therapy. Here, the social determination usually is unexpressed (Bröse, 1971, p. 15).

Similar to mainstream education, the aim of rehabilitation education was to promote a so-called “well-shaped, educated, harmoniously developed socialist personality”: Individuals had to function within their collectives. The value of individual people was determined by their contribution to society. Contribution here means the ability to participate in the domains of production, politics, culture and family (Hübner, 2000, p. 117). In fact, especially the aspect “production” respectively “work” was at least as important in the East

as in the West (Bösl, 2009, pp. 243ff.), even though it wasn’t addressed in a similar ideological manner.

The disregard of people with severe intellectual disabilities both in theory construction as well as in care was one big blind spot. As the value of individuals was considered to be linked to an increase in the collective’s living standard, those who didn’t fit into the economic system of the GDR weren’t important.

4. HEALING OR EDUCATING? MEDICAL TREATMENT OF PEOPLE WITH INTELLECTUAL DISABILITIES IN EAST- AND WEST GERMANY IN THE 1950S

As outlined before, roughly until the 1960s, before special education in the West and rehabilitation education in the East emerged, the situation of people with intellectual disabilities was associated with psychiatric and medical institutions and theories. Once education for this group emerged in theory and practice, medical domination lost influence. This was true for West- and East Germany alike, although in the East medical approaches didn’t face a barrage of criticism as they did in the West, and thereby co-existed with professions of education.

In the early years after WWII, mainly during the 1950s, psychiatric institutions were characterized by a lack of innovation. Interestingly, some medical approaches nevertheless aimed to promote intellectual capabilities of children with intellectual disabilities, or even to heal their “defects”, by treating them with specific chemical or biological substances. These approaches had an experimental character and were part of a specific Western scientific discourse. The practice was usually undertaken in West Germany. But as the borders between both German parts were relatively open until 1963, medical knowledge travelled from the West to the East. One explanation for the fact that innovative approaches most often stemmed from the Western part of Germany could be the even graver lack of staff and resources in the post-war East.

After 1945, experiments with glutamate carried out in tests both with animals and with humans, although reliable results could never be found (Nolte, 1952, pp. 202-211). In some ways, this is a manifestation of the struggle between medicine and pedagogy as to which field held the ‘interpretational sovereignty’ over the phenomena of intellectual disabilities. After all, both disciplines aimed to “heal” intellectual disabilities. This struggle is shown vividly in a summary of an article from 1951, which

also deals with the benefits of glutamate: "After 30 intellectually less gifted children between 7 and 14 years were treated with glutamate no positive results were noticed. Therefore, main focus for those children should be the offering of special education" (de Boor, 1951, p. 344).

However, this example shows how salvation offered by medicine found a sympathetic ear by those affected, and by the public. Information about experiments with glutamate had been spread also by journals like "*Der Spiegel*", although an article from 1952 voiced doubts on the effectiveness of this method: "Glutamate can't heal stupidity."³

Another example for medical treatment of people with intellectual disabilities was the use of fresh cells. Christine Fraas lived in the German Democratic Republic and gave birth to a daughter with Down's syndrome in 1956. She wrote a book about her experience living as a mother of a daughter with intellectual disabilities (1996).

One day, the pediatricist of the family reported from a visit to a conference in Hamburg (West-Germany), where he had listened to a speech by a Munich physician about healing mongolism. When Fraas' child was half a year old, she and her family travelled to Munich for the first time. Here, the physician worked on a method he called after-ripening treatment ("*Nachreifungsbehandlung*"). The method was based on the idea that Down's syndrome was caused by prenatal symptoms of deficiency. According to this theory, this deficiency should have been possible to compensate by massive supplies of vitamins, hormones and fresh cells after birth. During this procedure, cells from the placenta and adrenal glands of calves were injected into the patients. The aim was to stimulate their immune systems, and to promote their development in general (Haubold, 1955, pp. 255ff.)

The method lacked all empirical evidence but individual medical doctors both in East- and West Germany applied it. This example especially shows how knowledge travelled across the borders in the 1950s, before the iron curtain became tight. There had been several submissions to the GDR's ministry of health between 1952 and 1954, addressing this topic controversially (file DQ1/3902 from Bundesarchiv). A note by an east Berlin physician dated from the 25th of April, 1954, for example suggested therapy in West-Berlin for a child with Down's syndrome born in 1948 (the same note mentioned that previous therapies with glutamate, nicotinic acid and vitamins didn't work for that child).

And just to add one afterthought: The German weekly "*Die Zeit*" published an article entitled "A pill for Oscar" in August 2015.⁴ Oscar is a child with Down's syndrome. The report mentioned that the large pharmaceutical company Hoffmann-La Roche is working on a drug to enhance cognitive abilities of those children...

With this short description of medical treatments of people with intellectual disabilities no claim to completeness is made. But as a result, two hypotheses can be formulated:

By analyzing medical practices of the 1950s, the struggle between emerging special education and medicine losing its dominance can be illustrated. Until professions of special education established themselves as academic disciplines, a materialistic-biologicistic model of disability dominated both East- and West-German scientific discourse.

With the separate consolidations of two different German states, the necessity to stipulate behavior (norm and deficiency) gained importance for both societies. As the ideologies that framed those societies became more and more specific, the more comprehensive biologicistic models of disability lost in importance. Thus, social models of intellectual disabilities in both German states can be described as a result of political ideologization.

5. CONCLUSION

Although politics and societies of both German states based on different ideological backgrounds, many developments ran in parallel. The 1950s and early 1960s were characterized by a struggle between medicine and education about the prerogative of interpretation of disabilities. Both in the East and in the West educational professions prevailed, while rehabilitation education in the German Democratic Republic was still attached to medicine to a greater extent. The emergence of distinct educational professions for people with intellectual disabilities allowed the development of "social" models of disabilities. Of course, theoretical foundations were slightly different, although all theories included aspects of pre-war traditional "*Heilpädagogik*". But especially in the east this link hadn't been emphasized. More precisely, the exact opposite was claimed. Socialist-backed rehabilitation education took special care to ensure that it was a complete redevelopment.

Next to parallels there were also differences. Social integration in the socialist model of disabilities focused much more on the collective, the society

and the promotion of distinct political convictions. Therefore, what at first looks like a contradiction, social factors for the emerge of disabilities were taken much more into account than in West-Germany. At the practical level indeed this view didn't have any considerable impact. Since the late 1970s the East and the West drifted further apart. While the school system in the GDR retained on the separation of children with disabilities and without disabilities, a separation in the West was increasingly questioned. Furthermore, until the end of the GDR rehabilitation education stuck with the position that people with intellectual disabilities were seen as

'uneducable' by school education. In the Federal Republic of Germany school education more and more applied to all people, especially since the debate on integration gained further momentum in the 1980s (Ellger-Rüttgardt, 2008, p. 327).

The biggest difference between both German states can be seen in the efforts made towards people with severe intellectual disabilities. They lacked nearly everything in East Germany, while in West Germany at least professionals turned towards them and comprehensive care outside psychiatric institutions was established. Their history needs to be written yet.

NOTES

- 1 All translations by SB.
- 2 The term used in the GDR was "Schädigung". A translation could also be "impairment", but "defect" has a connotation that comes a little closer to the original concept. Unlike the language in the Federal Republic of Germany, where the term "disabled" ("behindert") became common, "defect" in the East was used until the end of the GDR.
- 3 *Der Spiegel*, 7-5-1952, p. 31
- 4 *Die Zeit*, 12-08-2015, [on line], available at: <http://www.zeit.de/2015/30/down-syndrom-medikament-heilung>, [retrieved on 2015/12/08]

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