

# Dealing with Cancer, Dealing with Love: Power and Hierarchies in the East German Medical System



By Sonja E. Klocke

Lothar Warneke's 1981 film *Die Beunruhigung* (*Apprehension*), a low-budget, black-and-white *Alltagsfilm*<sup>1</sup> that features documentary-style elements, was among the most popular DEFA films of the 1980s. It received several prizes, among others the so-called *Großen Steiger*, a national audience jury's prize for the most effective movie screened within the past two years.<sup>2</sup> As Andrea Rinke points out, "the question of how individuals cope with illness, pain, depression and death was at the forefront of Warneke's controversial film."<sup>3</sup> Surprisingly though, scholarship largely focuses on how the protagonist, Inge Herold (played by Christine Schorn) takes charge of her life and seeks a fulfilling love relationship when she finds herself in a time of crisis. In these discussions, the diagnosis of breast cancer usually serves as no more than a trigger for Inge's actions. This approach may be attributable to Erika Richter, the dramatic advisor for *Apprehension*, who spotlighted this aspect in her afterword to Helga Schubert's script, published in 1982. Richter's declaration that the main idea of the film was, "Illness interrupts normal everyday-life and forces individuals to take stock," seems to have been highly influential.<sup>4</sup> Contrary to these approaches, I propose a reading that investigates the film's portrayal of the East German medical system and power dynamics between doctors and patients more closely. If the film is analyzed in the context of medical-historical research on GDR healthcare practices, it becomes evident how this distinctive medical system affects Inge Herold's ability to deal with her illness, and how it influences her desire for a love relationship.<sup>5</sup> Based on my research into the significance of film, and particularly of the DEFA *Frauenfilme* (films focusing on the role of women) in East Germany, I argue that in this socialist country, which lacked a critical media, films like *Apprehension* had a huge influence on building communities that would critically engage with socially pertinent questions.

*Apprehension* follows Inge Herold, a highly intelligent and well-educated woman in her mid-thirties, who works as a respected psychologist for the Department of Health and Welfare. As a single mother, she has a trusting, if not always easy, relationship with her teenage son Mike. Mike disapproves of Joachim, a married man with whom Inge is having an affair. When she learns that she may have breast cancer and have to undergo surgery the next day, she falls into a state of apprehension: she is afraid of the surgical procedure that will determine the ultimate diagnosis and might leave her without one of her breasts; but she also fears that she may have squandered her life. The following twenty-four hours of psychological stress prompt Inge to reflect on her previous life and see it more clearly. Her son proves to be a source of encouragement, while Joachim turns out to be unsupportive when Inge needs him most. She breaks with him and starts a new relationship with Dieter Schramm, a high-school friend and single father. Despite the constant apprehension she feels due to her illness, she musters up the energy to start her life anew.

This confident, if not entirely euphoric outcome corresponds to Inge's character. Like most female protagonists in 1970's and 1980's *Alltagsfilme*, she is a strong woman who asserts herself against the norms of East German society.<sup>6</sup> Her resistance to social standards surfaces particularly vis-à-vis judge Katharina (played by Walfriede Schmitt), a former classmate who leads a model socialist life as a married woman with two children, an apartment, a car and an active social and political life. Face to face with Katharina and with her mother (played by Traute Sense), who disapproves of her daughter's life and career choices, Inge insists that she is happily divorced and actively seeks out a new partner when Joachim proves inadequate.

Given her strength in these situations, as well as her confidence when she deals with co-workers and patients at the Department of Health and Welfare, it is all the more remarkable that as a patient Inge does not stand up to the medical establishment. In one of the most significant scenes of the film, the physician at the Charité hospital, Dr. Roesler—one of the lay actors Warneke insisted on including, to increase the degree of authenticity of scenes in the medical realm—informs Inge about the potentially malignant lump they have found in her breast.<sup>7</sup> In the afterword to the published script, Erika Richter draws attention to the remarkable authenticity of this dialog: the physician "performs" a role

## Dealing with Cancer, Dealing with Love: Power and Hierarchies in the East German Medical System

that conforms to his normal routine, including attempting to calm Inge down, while the actress receives “original impulses from this partner, impulses that an actor could hardly have given her, and she processes these impulses with aplomb and no trace of theatricality.” In other words, Inge performs the exact reaction one would expect from a patient at the Berlin Charité in 1982; she does not question Dr. Roesler’s proposed therapy, which commences with an operation the next day.

Herself part of the healthcare system, Inge is fundamentally aware of her position in the therapeutic process, as determined by GDR law, which denied patients the right to refuse treatment plans proposed by doctors. The GDR-specific doctor-patient relationship, in which there was no legal contract between a patient and a doctor, meant that responsibility for a prescribed therapy rested exclusively with the physician.<sup>8</sup> Susanne Hahn, a practicing physician trained and employed in East Germany, draws attention to the fundamental difference between the East German medical care relationship—the so-called *Betreuungsverhältnis*—and legal medical practices in West Germany: “While in West German criminal law a medical intervention was and is still considered an infliction of bodily harm that can only be exculpated through patient consent, in the GDR a prescribed medical intervention that was deemed necessary and carried out according to standard practice was, as a matter of principle, considered a therapeutic treatment.”<sup>9</sup>

Accordingly, in the socialist doctor-patient relationship the physician was not required to: justify a proposed treatment, inform the patient about the cognitive process by which the diagnosis was validated, or tell the patient about the outcome of the inquiry. At the same time, patients were legally obligated to cooperate and actively support the therapy administered, as codified in the so-called *Mitwirkungspflicht* (duty to cooperate). This duty was supplemented by mandatory disclosure of any aspect of the patient’s life that might impinge on the therapy—the so-called *Offenbarungs- und Informationspflicht* (duty to disclose and inform)—and the legal compulsion to endure all medical measures and doctor’s directions—the *Duldungs- und Befolgungspflicht* (duty to tolerate and adhere).<sup>10</sup> Inge knows that she is obligated to adhere to the rules of the institution, which do not offer alternatives to the prescribed treatment. Her breakdown in the changing room, shortly after she receives the news that she will have to undergo surgery the next day, demonstrates that she is acutely aware of the mechanisms that exact her obedience— an obedience that was exacted of everyone, regardless of their social position or their gender.

*Apprehension* thus implicitly criticizes the power relations in discourses surrounding GDR legal and medical institutions. Gender also comes into the picture: with Dr. Roesler, we see a male physician at work at the hospital, supported by exclusively female nurses. Even though hierarchical structures in the medical system were largely eliminated by the early 1980s—and all physicians and nurses were organized in the Gesellschaft für Krankenpflege der DDR (GDR Society for Medical Care), founded in 1985—traditional gender roles were still significant in hospitals. Medical doctors and nurses collaborated, yet women were significantly underrepresented in hospitals, particularly in leading positions. Despite the fact that the number of female physicians was constantly rising in East Germany, most of them worked as general practitioners—which explains why Inge is not surprised when confronted with a male doctor.<sup>11</sup> The film reveals the practices of East German medical law by portraying a protagonist who knows that she is required not only to endure, but also to participate in the physician’s prescribed therapy. At the same time, the structure of the film underlines that there is no doubt regarding the future of socialist medicine, and thus the future of socialism per se.

*Apprehension* begins with Inge and her new partner, Dieter, three years after the surgery, before it goes into the extensive flashback that contains the main story. On the day of one of her six-month cancer check-ups, we initially see Inge in bed with Dieter and, shortly afterwards, stepping into the shower. In this scene, for which Helga Schubert’s script demands that Inge treat her body naturally and without self-pity, the character reveals to viewers that she has only one breast.<sup>12</sup> Only then does the scenario jump back three years, to show Inge with Joachim... and both her breasts. The audience is therefore immediately aware that cancer and finding a new partner play key roles in this film. Since the protagonist is rather optimistic—she stresses that she has survived the first three years and that, after today, her check-ups will be scheduled annually—the film offers good prospects that Inge, now in a loving relationship, will be cured.<sup>13</sup>

## Dealing with Cancer, Dealing with Love: Power and Hierarchies in the East German Medical System

The characters' belief in the progress of socialist medicine is supported by research that shows the extent to which East German medicine had improved since the 1950s. A variety of international sources reveal that from 1978 to 1982—the year that *Apprehension* was produced and premiered—the centralized and free East German healthcare system became more successful in combating cancer than most Western European countries, including West Germany.<sup>14</sup> In other words, while notions of individual choice and doctor-patient confidentiality were considered secondary to the health of the entire population, the individual benefitted from the overall success of preventative care—an aspect underlined by Dr. Roesler in the film, when he tells Inge that they are determined to catch any malignancies as early as possible.

One character briefly portrayed in *Apprehension*, who does not benefit from cancer prevention, but from socialist medicine more generally, is the young woman Inge meets immediately after she receives her interim diagnosis and learns of her imminent surgery. Bärbel Loeper, about five years younger than Inge and one of the film's lay actors, tells her own story: she is a cancer patient performing the role of a cancer patient.<sup>15</sup> Bärbel tries to encourage Inge by telling her story. Even though she only received radiation therapy, because her case was too advanced for surgery and she was in danger of losing her unborn child, she did not despair. Bärbel's lighthearted eight-year-old daughter is shown picking her mother up from the hospital. This scene underscores a sense of confidence that socialist medicine will succeed in combating cancer.

Inge, however, cannot stand this kind of optimism and turns away—because she herself is part of the medical system, she knows what its policies look like in practice. She is aware that doctors and nurses are likely to lie to patients regarding the state of their health, and opposes such practices. In the GDR, medical personnel were not obligated to disclose the condition of ailing patients, and it was common practice to discuss their health status only with close family members, instead of the patient. Particularly in cases of negative prognosis, representatives of the medical and the legal systems debated the prevailing practice of concealing hopeless situations. Until the very end of the GDR, however, physicians possessed the legal right—and in most cases were encouraged—not to disclose the bald truth. Instead, they were to employ what was officially termed the *schonende Lüge* or “gentle lie,” using careful wording and incomplete description to deliberately keep patients in the dark in the case of unfavorable prognosis.<sup>16</sup> In *Apprehension*, viewers become privy to a discussion about this practice before Inge leaves work to go to the Charité, hoping to hear about her own health. On her way out, she encounters one of her colleagues, who refuses to inform his patient about a cancer diagnosis. Pressured by Inge, he explains that he does not want to be responsible for the patient losing hope and choosing to commit suicide—a scenario with which GDR audiences were familiar from Warneke's first feature film, *Dr. med. Sommer //* (1969). Inge insists on an in-depth discussion about the topic at a later point, even though she must have been aware that the law—which favored unknowing, passive patients, who were considered too weak to deal with the truth—was on her colleague's side.<sup>17</sup>

In this scene Inge questions the practice of the “gentle lie” as a psychologist. Later, she raises the question in her role as a patient. After waiting most of the night for Joachim, who eventually shows up at her apartment in the early morning hours, Inge informs him that, at some point in the night, she stopped waiting for him. In other words, the events of this night—particularly her brief visit to Dieter Schramm, her future partner—has forced her to realize that she is looking for a real partner. When this realization collides with the practice of the “gentle lie,” Inge breaks down and tells Joachim: “In an hour, I go to hospital, and [pause] then you must take me because [pause] they said they'd tell the truth to the person who brings me. [pause] Yes, they'll tell him the truth. [pause] And they'll tell him the truth. [pause] And they'll tell him the truth and I don't know the truth.” This scene is without doubt one of the most central ones in the film. It demonstrates patients' helplessness vis-à-vis the practice of the “gentle lie” in general and likewise forces Inge to realize that she needs a partner on whom she can rely. Inge is confronted with the practices of a paternalistic state, which kept its population in a prolonged state of childhood in which people were deemed incapable of dealing with the realities of life and death. She needs support to obtain the truth about her own body. Thus, the practice of the “gentle lie” helps Inge to understand her desire for an equal partnership, not a superficial relationship free of obligations.

## Dealing with Cancer, Dealing with Love: Power and Hierarchies in the East German Medical System

So what is the significance of such a portrayal of the East German medical system, of power relations between doctors and patients, as well as doctors and nurses in the film? Simone Barck claims that GDR fiction is a more illuminating source of knowledge about East German society than scholarly publications by historians, including in the medical realm and medical history.<sup>18</sup> This is particularly true in the case of East Germany, as discussions surrounding problematic topics, such as, for example, questions regarding ethics in the medical field, tended to take place in small circles, not in public forums supported by the media. East German mass media merely broadcast official positions and expert decisions, and, as a result, literature and film more often conveyed information about illness and patients in medical institutions to the general public.<sup>19</sup> DEFA films often addressed such taboos in subtle ways that required the audience to read between the lines. The films nevertheless had a significant effect on building social communities, not least because they were buttressed by “audience forums, which [were] routinely held in movie theaters” in the GDR.<sup>20</sup> Warneke remembers that he conducted numerous such audience discussions regarding *Apprehension*. They often functioned as a form of counseling for viewers who recognized their own experiences reflected in the film. Audience forums also inspired the organization of self-help groups. This characteristic of East German film culture seems typical for Warneke’s movies, as they addressed socially pertinent topics.<sup>21</sup> These films not only mirrored social reality, but tried to influence it by documenting tensions and conflicts in society that officially did not exist.

In this context, DEFA *Frauenfilme* are of particular significance, given that they were meant to encourage a growing awareness of critical social processes taking place in the GDR—and are often considered revelatory of underlying social conditions and issues.<sup>22</sup> As Andrea Rinke emphasizes, East German women were expected to leave behind their traditional roles as housewives and mothers to become socialist citizens, and therefore “could be deployed in films to address controversial social issues and articulate feelings of dissatisfaction shared by the majority of viewers.”<sup>23</sup> Since the government required women to subvert traditional gender roles, authorities often accepted the slightly “socially subversive” conduct of female characters in fictional texts and films. Unlike men, women were required to be positive heroes, and could therefore relay mild critique of sensitive and politicized issues and offer alternative viewpoints.

For *Apprehension*, scriptwriter Helga Schubert—a psychologist, as well as a writer—and Lothar Warneke stressed their desire to establish an intensive dialogue about all of these issues with the audience. As Erika Richter testifies, the film was apparently successful:

A large part of the audience eagerly takes up this offer to communicate, as the first experiences demonstrate. The film loosens tongues. People are willing to talk about dealing with illness, as well as the willingness to communicate and the lack of communication; about the relationship between generations and the manifold problems that come with emancipation; about divorce as victory and danger; about the desire for personal freedom, as well as commitment, being there for each other, a feeling of security.<sup>24</sup>

Richter points to the film’s impact in sparking communication and generating specific discourses, including the lack of communication, generational differences, aspects of women’s emancipation and its influence on love relationships, and ways to cope with illness. *Apprehension* is thus exemplary of the many fictional texts that triggered critical thought among East German citizens. Such materials present a remarkable archive of information about daily life and issues debated in East German society. Texts and visual sources that depict illness and the healthcare system reveal cultural and ideological discourses regarding medical institutions as well as norms governing GDR society.

As one of the *Alltagsfilme* committed to “documentary realism,” *Apprehension* can be especially informative. It illustrates director Lothar Warneke’s ideal of the “documentary feature film,” upon which he expounded in his eponymous 1964 Master’s thesis. Warneke referenced Italian neorealism to articulate his desire to unify the “traditional possibilities of the feature film to create lively characters, with documentary film [in order to] facilitate a new, deeply realistic way of reflecting reality artistically.”<sup>25</sup> In *Apprehension*, more than in any other film he made, Warneke strived to attain “the greatest possible authenticity in presenting the characters and their living and atmospheric environment.”<sup>26</sup> He insisted:

## Dealing with Cancer, Dealing with Love: Power and Hierarchies in the East German Medical System

on black-and-white film to relay a greater sense of realism and truthfulness;<sup>27</sup> on working with lay actors, particularly for those characters directly linked to the topic of cancer and healthcare; and on developing each scene at original locations, such as the Charité hospital and Inge's office at the Department of Health and Welfare.<sup>28</sup> These authentic voices, combined with recognizable public places, created an atmosphere of trust and encouraged the audience to engage in an open and truthful dialogue about socially pertinent issues—with Warneke, as well as with each other. As a result, films like *Apprehension* and the subsequent *Zuschauergespräche* (viewer discussions) helped establish communities that engaged with questions that were highly relevant to them, ranging from power relations within the medical system, to ethical questions such as the “gentle lie.”

**Sonja Klocke** is Associate Professor of German at the University of Wisconsin-Madison. Her research focuses on twentieth- and twenty-first-century German culture, particularly on postwar German literature and film. She is the author of articles on the legacy of East Germany and the Holocaust, women's writing, East German literature and film, contemporary writing on modern exile, migration and globalization, discourses on illness and the body, and gender theory. Her monograph, *Inscription and Rebellion: Illness and the Symptomatic Body in East German Literature*, appeared with Camden House in 2015.

This text is an abridged version of an article that will be published in the forthcoming book *Gender and Sexuality in East German Film: Intimacy and Alienation* (Camden House), edited by Kyle Frackman and Faye Stewart.

### Works Cited

- Apprehension*. Directed by Lothar Warneke. DEFA Studio for Feature Films, 1981. Amherst: DEFA Film Library, 2017.
- Bahr, Gisela. “Film and Consciousness: The Depiction of Women in East German Movies (*Until Death Do Us Part, Solo Sunny, The Disturbance, Pauline's Second Life*).” *Gender and German Cinema: Feminist Interventions*. Vol. 1: Gender and Representation in New German Cinema. Ed. Sandra Frieden et al. Providence and Oxford: Berg, 1993. 125-140.
- Barck, Simone. “Fragmentarisches zur Literatur.” *Die DDR im Rückblick: Politik, Wirtschaft, Gesellschaft, Kultur*. Eds. Helga Schultz and Hans-Jürgen Wagener. Berlin: Christoph Links, 2007. 303-322.
- Baust, Günter. “Ethische Problemsituationen in der Intensivmedizin der DDR und heute.” *Medizinische Ethik in der DDR: Erfahrungswert oder Altlast?* Eds. Hartmut Bettin and Mariacarla Gadebusch Bondio. Lengerich: Pabst Science, 2010. 116-126.
- Berndt, H.-G. “Gedanken zum Inhalt der Vorträge des Kolloquiums ‘Ethik und Medizin im Sozialismus.’” *Ethik und Medizin im Sozialismus: Wissenschaftliches Kolloquium des Bereichs Medizin der Ernst-Moritz-Arndt-Universität am 2.10.1974 zu Ehren des 25. Jahrestages der DDR*. Ed. Hansgeorg Hüller. Greifswald: Ernst-Moritz-Arndt-Universität, 1976. 1-6.
- Bettin, Hartmut and Mariacarla Gadebusch Bondio. “An Stelle einer Einleitung: DDR-Medizin—Eine eigene Ethik?” *Medizinische Ethik in der DDR: Erfahrungswert oder Altlast?* Eds. Hartmut Bettin, Mariacarla Gadebusch Bondio. Lengerich: Pabst Science, 2010. 7-19.
- Bridge, Helen. *Women's Writing and Historiography in the GDR*. Oxford: Oxford University Press, 2002.
- Dueck, Cheryl. *Rifts in Time and in the Self: The Female Subject in Two Generations of East German Women Writers*. Amsterdam: Rodopi, 2004.

## Dealing with Cancer, Dealing with Love: Power and Hierarchies in the East German Medical System

- Feinstein, Joshua. *The Triumph of the Ordinary: Depictions of Daily Life in the East German Cinema 1949-1989*. Chapel Hill and London: University of North Carolina Press, 2002.
- Günther, Ernst. "Das Arztrecht in der DDR und seine Beziehung zur ärztlichen Ethik: Erfahrungen aus dem Umgang mit ärztlichen Fehlleistungen." *Medizinische Ethik in der DDR: Erfahrungswert oder Altlast?* Eds. Hartmut Bettin and Mariacarla Gadebusch Bondio. Lengerich: Pabst Science, 2010. 86-93.
- . "Patientenschutz und Arzthaftung in der DDR." *Das Gesundheitswesen der DDR: Aufbruch oder Einbruch. Denkanstöße für eine Neuordnung des Gesundheitswesens in einem deutschen Staat*. Ed. Wilhelm Thiele. Sankt Augustin: Asgard-Verlag Hippe, 1990. 161-167.
- Gräf, Christel. "Waren Ostfrauen wirklich anders? Zur Darstellung von Frauen im DEFA-Gegenwartsfilm." *Der geteilte Himmel: Höhepunkte des DEFA-Kinos 1946-1992. Band 2: Essays und Filmografie*. Ed. Raimund Fritz. Wien: Filmarchiv Austria, 2001. 107-117.
- Haas, Klaus Detlef and Dieter Wolf, eds. *Sozialistische Filmkunst: Eine Dokumentation* (Rosa-Luxemburg-Stiftung. Reihe Manuskripte 90). Berlin: Klaus Dietz Verlag, 2011.
- Hahn, Susanne. "Ethische Fragen und Problemlösungen des Schwesternberufes im DDR-Gesundheitswesen." *Medizinische Ethik in der DDR: Erfahrungswert oder Altlast?* Eds. Hartmut Bettin and Mariacarla Gadebusch Bondio. Lengerich: Pabst Science, 2010. 73-85.
- Harhausen, Ralf. "Historische Filmanalyse von Lothar Warnekes DIE BEUNRUHIGUNG (1982)." *Einblicke in die Lebenswirklichkeit der DDR durch dokumentare Filme der DEFA*. Oldenburger Beiträge zur DDR- und DEFA-Forschung. Eds. Gebhard Moldenhauer and Volker Steinkopff. Oldenburg: Bibliotheks- und Informationssystem der Universität Oldenburg, 2001. 99-125.
- Klocke, Sonja E. "Dealing with Cancer, Dealing with Love: Gender, Relationships, and the GDR Medical System in Lothar Warneke's *Die Beunruhigung* (*Apprehension*, 1982)." *Gender and Sexuality in East German Film: Intimacy and Alienation*. Eds. Kyle Frackman and Faye Stewart. Rochester, NY: Camden House. Forthcoming 2017.
- . *Inscription and Rebellion: Illness and the Symptomatic Body in East German Literature*. Rochester, NY: Camden House, 2015.
- Klunker, Heinz. "Expeditionen in den Alltag. Nach Ulbricht: DDR-Filme einer DDR-Generation." *Film in der DDR*. Eds. Peter W. Jansen and Wolfram Schütte. Munich and Vienna: Hanser, 1977. 135-166.
- Müller, F. "Das Problem der Wahrhaftigkeit zwischen Arzt und Krankem bei unheilbaren Leiden." *Ethik und Medizin im Sozialismus: Wissenschaftliches Kolloquium des Bereichs Medizin der Ernst-Moritz-Arndt-Universität am 2.10.1974 zu Ehren des 25. Jahrestages der DDR*. Ed. Hansgeorg Hüller. Greifswald: Ernst-Moritz-Arndt-Universität, 1976. 95-104.
- Pinkert, Anke. "Family Feelings: Kinship, Gender and Social Utopia in DEFA Film." *DEFA at the Crossroads of East German and International Film Culture*. Eds. Marc Silberman and Henning Wrage. Berlin and Boston: De Gruyter, 2014. 107-129.
- Richter, Erika. "Lothar Warneke: Fasziniert von den Menschen, fasziniert von der Wirklichkeit." *DEFA-Spielfilm-Regisseure und ihre Kritiker* Band 1. Ed. Rolf Richter. Berlin: Henschelverlag, 1981. 199-223.
- . "Vom Szenarium zum Film." Nachwort zu Helga Schuberts *Die Beunruhigung. Filmszenarium*. Berlin: Henschelverlag, 1982. 87-101.
- Rinke, Andrea. "From Models to Misfits: Women in DEFA Films of the 1970s and 1980s." *DEFA: East German Cinema 1946-1992*. Ed. Seán Allen and John Sandford. New York and Oxford: Berghahn, 1999. 183-203.
- Schieber, Elke. "Anfang vom Ende oder Kontinuität des Argwohns 1980 bis 1989." *Das zweite Leben der Filmstadt Babelsberg: DEFA-Spielfilme 1946-1992*. Ed. Filmmuseum Potsdam. Berlin: Henschel Verlag 1994. 265-327.
- Schittly, Dagmar. *Zwischen Regie und Regime: Die Filmpolitik der SED im Spiegel der DEFA-Produktionen*. Berlin: Ch. Links Verlag, 2002.
- Schubert, Helga. *Die Beunruhigung. Filmszenarium*. Mit einem Nachwort von Erika Richter. Berlin: Henschelverlag, 1982.

## Dealing with Cancer, Dealing with Love: Power and Hierarchies in the East German Medical System

Seifert, Ulrike. *Gesundheit staatlich verordnet: Das Arzt-Patienten-Verhältnis im Spiegel sozialistischen Zivilrechtsdenkens in der DDR*. Berlin: Berliner Wissenschafts-Verlag, 2009.

Silberman, Marc. "Narrating Gender in the GDR: Hermann Zschoche's *Bürgerschaft für ein Jahr* (1981)." *The Germanic Review*. Vol. 66.1. 1991. Special Issue: German Film. 25-33.

Tanneberger, Stephan. "Ethik in der medizinischen Forschung der DDR." *Medizinische Ethik in der DDR: Erfahrungswert oder Altlast?* Eds. Hartmut Bettin and Mariacarla Gadebusch Bondio. Lengerich: Pabst Science, 2010. 40-62.

Wagner, Linde. "Polikliniken—ein gesundheitspolitisches Modell." *Die DDR war anders: Eine kritische Würdigung ihrer sozialkulturellen Einrichtungen*. Eds. Stefan Bollinger and Fritz Vilmar. Berlin: edition ost im Verlag Das Neue Berlin, 2002. 226-45.

Warneke, Lothar. "Der dokumentare Spielfilm." *Filmwissenschaftliche Mitteilungen*, Sonderheft 1964.

———. *Die Schönheit dieser Welt: Erinnerungen eines Filmregisseurs. Aufgezeichnet von Erika Richter*. Berlin: DEFA-Stiftung, 2005.

Wolf, Dieter. "DIE BEUNRUHIGUNG – konsequentestes Beispiel dokumentarischer Stilistik im DEFA-Spielfilm." *Einblicke in die Lebenswirklichkeit der DDR durch dokumentare Filme der DEFA*. Oldenburger Beiträge zur DDR- und DEFA-Forschung. Eds. Gebhard Moldenhauer and Volker Steinkopff. Oldenburg: Bibliotheks- und Informationssystem der Universität Oldenburg, 2001. 127-142.

<sup>1</sup> In the GDR, *Alltagsfilm* denoted films that dealt with the issues of contemporary daily life.

<sup>2</sup> At East Germany's 2<sup>nd</sup> National Festival for Feature Films in Karl Marx Stadt in 1982, *Apprehension* received the following prizes: Helga Schubert for scenario, Lothar Warneke for directing, Christine Schorn for lead, Walfriede Schmitt for best supporting actress, Thomas Plenert for camera and Erika Lehmpul for editing. In addition, the audience jury declared *Apprehension* to be the most effective movie screened within the past two years, and the film—a rare occurrence in the GDR—was invited to the 1982 Venice Film Festival. See Haas and Wolf 241; Wolf 138-140.

<sup>3</sup> Rinke 195.

<sup>4</sup> Richter, "Vom Szenarium zum Film" 88. All translations from original German texts are the author's.

<sup>5</sup> For a more detailed description of East Germany's medical system and its portrayal in fiction, see Klocke, *Inscription and Rebellion*. On the influence of the East German medical system on relationships and aspects of gender, see my forthcoming article "Dealing with Cancer, Dealing with Love."

<sup>6</sup> See, for example, Harhausen 101. Feinstein 210.

<sup>7</sup> In "Vom Szenarium zum Film," Richter emphasizes the significance of this scene with Inge Herold and Dr. Roesler when she describes it as the "große [...] für den Film außerordentlich wichtige [...] Untersuchungsszene" (great, for the film exceedingly important examination scene; 95).

<sup>8</sup> Since in East Germany, a major emphasis was put on public health, this included decisions with regards to balancing the protection of a patient's individual health and the greater good of the community.

<sup>9</sup> Hahn 75. Günther, "Das Arztrecht in der DDR," considers this specific doctor-patient relationship unique in history (87). Also see Günther, "Patientenschutz" 161; Seifert 168, 304; Wagner 234. The *Bundesgerichtshof* (Federal Court of Justice) in the FRG considers a medical intervention, including a successful intervention carried out according to standard practice, as fulfilling the legal criteria for assault and battery according to §223 *Strafgesetzbuch* (StGB, Criminal Code). A patient's consent to treatment is therefore indispensable, with the exception of an emergency operation performed when the patient is unconscious and therefore unable to provide consent. See BGH judgment BGHSt 11.

<sup>10</sup> Seifert 271-74.

<sup>11</sup> Hahn 80.

<sup>12</sup> Richter, "Vom Szenarium zum Film" 12.

<sup>13</sup> See Pinkert, 127, for a similar assessment of the ending.

<sup>14</sup> Baust 117; Tanneberger 52-53.

<sup>15</sup> Richter, "Vom Szenarium zum Film" 96.

<sup>16</sup> Seifert 173-78. Bettin and Gadebusch Bondio similarly report that at least in 1976, the "schonende Lüge" (gentle lie) was still recommended practice (10-11). Hahn claims that the "schonende Lüge" was gradually abandoned during the 1970s (78), but Günther in "Das Arztrecht in der DDR" insists that it persisted until the end of the GDR, particularly in cases of incurable cancer (89). Also see Berndt 4; Müller.

<sup>17</sup> Seifert 351-52.

<sup>18</sup> Barck 315. Also see Bridge 10.

<sup>19</sup> Hahn 77. Dueck similarly emphasizes that "in a society in which potent political and social messages were transmitted by fiction, the fates of characters in novels can be read as a thermometer of societal health" (112).

<sup>20</sup> Bahr 131.

<sup>21</sup> Warneke, *Die Schönheit dieser Welt* 139. Richter, "Lothar Warneke: Fasziniert von den Menschen" 199, 209. In *Die Schönheit dieser Welt*, Warneke emphasizes that his goal with *Apprehension* was to encourage people: "Ich wollte Leuten Mut machen, die sich in dieser Situation [der Krebserkrankung] befinden und nicht wissen, wie sie damit umgehen sollen" (I wanted to reassure people, who are in this situation [to suffer from cancer] and who do not know how to deal with it; 143). For his first film *Dr. med Sommer II*, Warneke pointed out in *Die Schönheit dieser Welt*: "Wir wollten einen Film machen, der nicht nur unterhält, sondern für das Denken in den Krankenhäusern vielleicht hilfreich sein könnte. [...] Der Autor, Hannes Hüttner, selber Medizinsoziologe, versuchte, neue Gedanken in die Medizin hineinzugeben" (We wanted to make a film that not only entertains, but that could perhaps be helpful for thinking in hospitals. [...] The author, Hannes Hüttner, himself a medical sociologist, tried to add new ideas in the medical system; 71-72). "Ich habe – wie bei allen meinen Filmen – viele Publikumsgespräche gemacht und muß sagen, daß ich bei 'Dr. med. Sommer II' eine positive Reaktion hatte, sogar in den Krankenhäusern, weil der Film jungen Ärzten Mut machte, ihr Selbstbewusstsein zu entwickeln, zu stärken. Sie empfanden den Impuls, der von dem Film ausging, als wohltuend, auch Schwesternschülerinnen" (Like with all my films, I conducted many audience forums, and I must say that with 'Dr. med. Sommer II' I had positive reactions, even in the hospitals because the film encouraged young doctors to develop and strengthen their self-confidence. They felt that the impulse emanating from the film was positive, also the student nurses; 76).

## Dealing with Cancer, Dealing with Love: Power and Hierarchies in the East German Medical System

---

- <sup>22</sup> Schieber 268; Gräf 114; Bahr 128-29; Schittly 259.
- <sup>23</sup> Silberman also makes this point: "The fact that the protagonists in all of the above films are strong women bears witness to a critical sensibility for the complex relation between women and society as a paradigm for representing more generally the yearning for difference and otherness in a closed society like that in East Germany where monotony and habit tended to dominate the everyday" (25-26).
- <sup>24</sup> Richter, "Vom Szenarium zum Film" 100-101. In "Lothar Warneke: Fasziniert von den Menschen," Richter states that the concern for responsibility and communication in GDR society is characteristic for Warneke's films (199). Klunker similarly explains that Warneke makes films "in order to intervene in moral debates of the time, in order to explore moral tendencies in everyday life. [...] He wants to 'provide [the audience] with material for their judgment formation,' he considers his film as proposals in a dialogue with the audience." 159).
- <sup>25</sup> Warneke, *Der dokumentare Spielfilm* 238-39. Also see Hass and Wolf 238.
- <sup>26</sup> Richter, "Vom Szenarium zum Film" 92.
- <sup>27</sup> Harhausen 111; Richter, "Vom Szenarium zum Film" 98.
- <sup>28</sup> While Inge Herold is a fictional character, the film is full of autofictional references meant to increase authenticity, as Richter points out in "Vom Szenarium zum Film:" "Affiliation with a specific generation; the professional life as psychologist; the son; intrusion of illness in normally proceeding everyday life; ideas about emancipation and partnership. During the work [on the film] the fictitious protagonist Inge Herold increasingly obtained a life of her own, she virtually soaked up a multitude of life experiences, and of things she observed, heard, and read. [...] Even though the fate of Inge Herold is not identical with that of the author, it receives its persuasive power, its credibility from the proximity to her." 88).