



The progressive nature of concentration camp syndrome in former prisoners of Nazi concentration camps – Not just history, but the important issue of contemporary medicine



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ABSTRACT

Constant stress, slave labor, tortures, and starvation all affected the health of concentration camp prisoners, contributing to multimorbidities, increased mortality and accelerated development of chronic illnesses, what we have shown in an earlier publication. The interrelated somatic and psychological symptoms gave rise to concentration camp syndrome (KZ-syndrome), which has many features of PTSD, occurring frequently nowadays. The paper attempts at assessing the influence of concentration camp conditions on functional disorders in each system of the human body, occurring in KZ-syndrome, and at demonstrating the progressive nature of the syndrome. A retrospective assessment of the former prisoners' health after 5 and 30 years following their leaving camps was performed based on medical records and surveys. The materials included 250 former prisoners who underwent medical examination in 1950, i.e. 5 years after leaving the camp, of whom 120 former prisoners survived and were examined and surveyed in 1975, i.e. 30 years after leaving the camp. KZ-syndrome was shown to occur in 58.8% of former prisoners 5 years after leaving the camp, and in 77.5% after 30 years ($p < 0.001$), which confirms the syndrome's chronic and progressive nature. Pathological sequels of internment in concentration camps, in the form of KZ-syndrome, were observed in most former prisoners. Over time, the number of morbidities and the intensity of symptoms increased, which indicates that the syndrome has a chronic and progressive nature. KZ-syndrome is a multi-organ disorder, with numerous chronic comorbidities exacerbating the progression.

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1. Background

The idea of creating the concentration camps, as a way of resolving ethnic conflicts, dating back to the early twentieth century in a British colony located in the present-day territory of the

Republic of South Africa, in German colonies in East Africa (Tanganyika) and South-West Africa (present-day Namibia) (Boahen and Africa, 1990).

It was not a scale, however, until the Second World War that a network of mass extermination camps were founded by Nazis, most likely drawing on the German experiences from African colonies. Hitler's policy, with its premise of enslaving and exterminating the conquered nations in concentration camps, was the basis for the political system of Nazi Germany. Many of these concentration camps were built by Nazis and located in Poland during the Second World War. Among the victims of several nationalities, citizens of Poland constituted large group of peoples, who died or were killed in inhuman conditions of these camps (Panasewicz,

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1969). The unpaid labor of Nazi concentration camp prisoners, and the forced labor by the conquered peoples, relocated into the Reich, are forms of 20th-century slavery. German concentration camps also saw the most sophisticated forms of torture and pseudo-medical experiments. Camp garrisons were comprised of sadists who entertained themselves by torturing and abusing the prisoners. Prisoners, who had survived concentration camp conditions despite the overwhelming threats of life, were burdened with numerous post traumatic health problems. Multimorbidity, affected mostly the CNS, premature aging, and increased mortality represented the principal consequences of incarceration in concentration camps of former Polish prisoners (Gątarek et al., 1969; Kłodziński, 1972; Jabłoński et al., 2015). These extreme living conditions had permanent consequences, both physical and psychological, for these peoples, manifesting as the so-called KZ-syndrome (German: Konzentrationslagersyndrom) or post-interment asthenia (Kępiński, 1970).

Currently, the syndrome is also classified under the umbrella term Post-Traumatic Stress Disorder (PTSD) and becomes an increasing problem in the present medicine because of the frequent occurrence of this syndrome in persons exposed to one or more traumatic events, such as major stress, sexual assault, terrorism, or other threats, which were broadly experienced by concentration camp prisoners (Van der Kolk, 1996). Shortly following the Second World War, large scale studies on former concentration camp prisoners were launched. The patients exhibited symptoms of anxiety, restlessness, irritability, concentration disorders, sleep disorders, night terrors, phobias and persistent recollections of the experiences of abuse. To name this set of symptoms, various terms have been used in world medical literature, including: war neurosis, post-traumatic neurosis, reactive depression, post-concentration-camp asthenia, progressive asthenia, barbed-wire disease and repatriation neurosis (Helweg-Larsen et al., 1952). In 1948, psychiatrist Paul Friedman described psychological symptoms in former prisoners, involving sleep disorders, especially frequent nocturnal awakenings, which he termed “Buchenwald syndrome” (Friedman, 1948).

In 1952, a Danish researcher, Per Helweg-Larsen classified and described a set of symptoms including sleep disorders, irritability, concentration disorders, nightmares and emotional lability, which he called “survivor syndrome” (Helweg-Larsen et al., 1952). The term “Konzentrationslagersyndrom” was first used in 1954 by two Danish researchers: Knud Hermann and Paul Thygesen. That same year, the term was made official during an international conference in Copenhagen, though literature in English often uses “concentration camp syndrome” as well (Hermann and Thygesen, 1954). Psychological symptoms of the syndrome mostly correspond to the symptoms of PTSD, defined in psychiatry in the U.S. in 1980, based on examinations of Vietnam War veterans. Outcomes of lately developed our study concerning multimorbidity in Polish former prisoners of various concentration camps revealed, as separate thematic entity, many features which corresponded both to KZ-syndrome and PTSD (Jabłoński et al., 2015).

2. Methods

2.1. Subjects

The study and control group was also characterized in previous publication, which subject matter concerned entirely different issue i.e. multimorbidity and co-morbidity in former prisoners (Jabłoński et al., 2015). Briefly, retrospective assessment of the former prisoners' health after 5 and 30 years following their leaving camps was performed based on medical records. Out of 250 subjects examined in 1950, 120 lived to 1975. The materials included

250 patients (200 male and 50 female) who underwent medical examination in 1950, i.e. 5 years after leaving the camp, of whom 120 (100 male and 20 female) survived and were examined and surveyed in 1975, i.e. 30 years after leaving the camp. The group of 250 survivors included 155 professionals and 95 manual workers, who were aged 19–60 years. The group of 120 survivors interviewed in 1975 included 50 professionals and 70 manual workers, aged 39–85 years. Internment duration had been between 6 and 60 months. From each subject personal interview was taken and physical examinations performed, along with additional tests: urinalysis, complete blood count, ESR, chest X-ray and ECG. If required, the patients received specialist consultations: ophthalmological, otolaryngological, psychiatric, neurological, urological, and gynecological, and results were included in the patient's overall reports.

In 1950 controls included 250 subjects (200 male and 50 female), and in 1975–120 subjects (100 male and 20 female), randomly chosen from among the 250 1950 controls to match the age, sex, profession and social environment of the 120 studied patients. None of the controls had ever been interned in a concentration camp or otherwise incarcerated or imprisoned. In the control group, histories were taken and physical examinations performed, as in the studied group.

The study was approved by the Bioethics Committee of the Wrocław Medical University (approval no. KB-31/2011). The investigation was carried out in accordance with the latest version of the Declaration of Helsinki, as well as informed consent of the participants was obtained after the nature of the procedures had been fully explained.

2.2. Measurements

KZ-syndrome prevalence was first assessed using the Eitinger criteria, then the least square method in multiple regression analysis, which was also used to determine etiological factors contributing to KZ-syndrome development. In the model, risk factors contributing to the occurrence of the syndrome were included as predictors (Eitinger, 1961). These included: starvation, torture, beating, fear of dying, the “Muselmann” condition, surgical procedures, injections, malaria experiments, gas chamber experiments, upper extremity freezing, pus injections, injecting with typhus, head trauma, chest trauma, abdominal trauma, upper extremity trauma, lower extremity trauma, head trauma with loss of consciousness, typhus, typhoid fever, and the duration of internment at the camp in months. In this work KZ – syndrome was diagnosed on the basis of 11 psychiatric symptoms presented in Table 1. These psychiatric symptoms included: sleep disturbances, increased fatigue, nervousness and irritability, problems with memory and poor concentration, dizziness, headaches, dysphoric mood, emotional lability, loss of initiative, lability of autonomic nervous system (psychosomatic disorders), feelings of insufficiency (helplessness).

2.3. Data analysis

The STATISTICA software version 10.0 (StatSoft Company Inc., USA) was used to perform statistical analysis. The regression model was verified using the global Fisher–Snedecor F-test. Analysis of variance was presented in a table with the number of degrees of freedom (df). It is the number of independent observation outcomes minus the number of relations between these outcomes, which verifies a three equivalent null hypotheses: 1. The significance of directional ratio (b); 2. The significance of determination ratio (R^2); and 3. The significance of linear function. The level of significance was set at $p < 0.05$.

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