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Post-War Research on Post-Traumatic Stress Disorder. Part II – 1989 onwards

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Summary

The paper illustrates the research on post-traumatic disorders conducted in Krakw at the Department of Psychotherapy and the Department of Psychiatry of the Jagiellonian University Medical College after 1989. The political changes that occurred in Poland after 1989 allowed the research to be extended with new groups of survivors. Having conducted the research of the former concentration camp prisoners, the study started to be carried out in the two research teams: 1) the former prisoners of the Stalinist period, Siberian deportees, war veterans and others were examined at the former Social Pathology Institute of the Department of Psychiatry, Jagiellonian University Medical College and the work is continued at the Department of Psychotherapy, Jagiellonian University Medical College; 2) at the Child and Adolescent Psychiatric Clinic the research of the Holocaust survivors and their families has been carried on by the same team up to the present day.

The paper outlines the historical background of persecution, its course and a typical impact it had on health of each of the group of survivors. All individuals suffer from widely understood post-traumatic disorders (F43.1 and F62.0). However, differences in the profile of symptoms can be noted. The manner in which the research was organised and its modifications are also presented.

The aim of this paper is to familiarise the Reader with the presented concepts and contextualise them in a political and historical dimensions, and in the continuity of the previous research on KZ-Syndrome and war neuroses.

Key words: PTSD, history of PTSD research, trauma

Introduction

The year 1989 saw the publication of the last issue of the annual special edition of “Przegląd Lekarski” entitled “Oświęcim” (“Auschwitz”). From the contemporary

The study was not sponsored.

perspective that can be regarded as a symbolical closure of the previous research on post-traumatic disorder – KZ-Syndrome [1]. At the same time the year 1989 brought unprecedented political changes. The agreement talks between the government and the political opposition led to the organisation of free elections which were first of its kind after World War II. It happened initially in Poland and then the entire communist bloc followed. The anti-communist opposition gained a sweeping victory at the elections which took place on 4th June 1989. In the following months the opposition in Czechoslovakia won and within around six months since the elections in Poland, the Berlin Wall collapsed and the reforms widespread to other countries and demolished the order reached at the Yalta conference. Certainly, the political changes had an impact on research. For the first time in post-war times it was possible to carry out studies of political persecution survivors who belonged to different groups. Beforehand the research concerned primarily the former Nazi concentration camp prisoners, whereas now it included individuals who survived communist persecution and belonged to various national groups.

Legal background

On 24th January 1991 the Law on combatants and certain persons who are the victims of wartime and post-war repression was passed. The law also referred to some individuals who were the victims of war and post-war repression [2]. The preamble reads as follows: “The Sejm (the lower house of the Polish Parliament) of the Republic of Poland recognises the special merits for Poland of all those Polish citizens who fought for sovereignty and independence of the Fatherland scarifying their lives and health at battlefields in the formations of the Polish Army, allied forces and underground pro-independence organisations and in civil activities and therefore were subject to repression. The Sejm declares that the authorities of the German Third Reich, the then authorities of the Union of the Soviet Socialist Republics and the communist apparatus of repression in Poland shall be blamed for the suffering inflicted onto numerous Polish State citizens due to ethnic, political and religious reasons. They were the cause of death for millions of individuals and for many they constituted the cause of a permanent loss of health. War veterans and victims of repression shall deserve a deep respect from countrymen and special care and attention from state institutions, local governments and community organisations” [2].

The law deemed all types of persecution and their perpetrators equal. Pursuant to the law (but for minor exceptions) the persons included therein are war veterans and individuals exposed to repression between 1939 and 1956.

The historical truth which regards this period as the hardest years of political persecution in Poland should not be questioned. From the research perspective, however, it should be noted that the traumatised persons might be e.g. former prisoners who left prisons after 1956. Legally, their time of persecution encompasses the period up to 1956, whereas in a scientific sense it can exceed the time frame by even several years.

The research on the impact of political persecution and post-traumatic stress carried out in Krakow included practically all groups of those repressed.

Former political prisoners of the Stalinist era

It is a group of individuals who participated in the research from the beginning of the nineties. Formally, they were imprisoned between 1944 and 1956 and after 1989 obtained court judgments which deemed their convictions void and were acknowledged that the sentences were imposed as a result of their activities for the independence of the Polish state. However, the group is not homogeneous as it encompasses among former prisoners: guerrillas fighting with the communist authorities, activists of underground organisations, so called youth political prisoners and persons forced to slave labour as punishment or those who were subject to further repression in the form of forced conscription to, so called, workers' battalions.

At first, it was the primary group of the examined persons. The factors which influenced such a state of affairs was the political background, the willingness to be rehabilitated and freed from the social perception of a prisoner and criminal, which was the view imposed by communist authorities. So far, the exact number of individuals subject to political persecution by the Polish authorities and the Soviet apparatus has not been established. The persecution mainly consisted in secret detentions by officers of the Secret Political Police, People's Commissariat for Internal Affairs (NKWD) or Military Intelligence. The detainee was usually beaten, whereas a victim and possibly witnesses e.g. family were intimidated and their houses were searched. It was followed by a transport of a detainee, who was usually blindfolded and deprived of any contact with the external world, to an unknown site. During investigations tortures were commonplace. They regularly involved violent punching with fists, clubs (pre-arranged for that cause), belts and rifle butts. Furthermore, the prisoners were deprived of sleep for numerous hours or even days and starved. They were regularly intimidated, threatened with death and long-term sentences or the persecution of their families. They were held in overcrowded and sultry cells or additional punishments were meted out e.g. long-term complete isolation. The extreme stressors included mock executions during which an unloaded gun was placed against the head etc. While serving a sentence, prisoners were forced to slave labour. In prisons the threatening feeling of reopening court proceedings was maintained or, for instance, an investigator declared what sentence would be passed even before a case was heard in court. After being released from prison, they were still persecuted and interrogated. Within a few days from prison release they were conscripted into a compulsory military service which would be converted into forced labour in a coal mine, usually in its most dangerous areas or in mine rescue services. The work under slave conditions without remuneration, holiday leave etc. usually lasted for two or three years. The examined group also comprised of the individuals sentenced to death penalty which was later turned into long-term imprisonment. The very special group comprised of Nazi concentration camp prisoners who were incarcerated after war, sentenced to death by communist authorities and eventually they served many years in prison. A separate group consisted of individuals known as "Jaworzniacy" who were former inmates of the special prison for juvenile political prisoners based in Jaworzno (full name of this institution was Progressive Prison for Juvenile Offenders It was established in 1951. in place of the Central Labour Camp

acting after the WW II in the former subcamp of the Auschwitz concentration camp) [3]. At the moment of arrest they were usually students interested in the self-study of history and pro-independence movement.

Men constituted up to 90% of the group with the mean age of 66 at the time of the study [4]. 98% of them were diagnosed with post-traumatic disorders. The most common diagnosis reported was a post-traumatic stress disorder (71%) and depressive disorders (78%). Single instances of post-traumatic epilepsy related to head injuries inflicted during tortures were reported. Others included cases of somatisation and psychosis occurring particularly in individuals who were imprisoned and tortured during their adolescence [5]. The publications also pointed out to accelerated processes of involution [6].

The research became structured and standard research methods and psychological tests started to be implemented. A separate research project was carried out in order to determine depressive symptoms in the course of PTSD and their coincidence with a lack of nightmarish dreams with the content directly relating to a trauma. The research, which became a doctoral thesis [7], demonstrated that a seemingly subjective symptom, which a dream content is, suggests the course of post-traumatic stress disorder. Nightmares with the content directly related to trauma are experienced by persons with a more severe expression of anxiety symptoms. The symptom is not present in persons with severe depressive symptoms. The levels of PTSD severity, anxiety in momentary and personal dimensions and depression severity were presented [8, 9].

In a general clinical picture of the examined group the predominance of typical PTSD symptoms with trauma recollections, high irritability and the tendency to be isolated in one's own milieu of persons with similar experience can be observed. The typical PTSD symptoms related to irascibility and irritability disrupted family functioning and were passed onto the second generation as it was concluded from clinical observations and interviews. However, that area never constituted part of structured research in that group.

War veterans and former prisoners of war

It is the least numerous group probably due to social reasons. War veterans and former prisoners of war between 1939 and 1945 had at least to some extent the possibility to obtain entitlements and possible recognition of damage to health before the law of 1991 was passed. Furthermore, these were the individuals at the most advanced age at the time of study, which does not come as a surprise as they must have been more mature and older while participating in warfare which occurred at least 10 years earlier if compared to political prisoners (assuming the end time of warfare in 1945 and that of repression in 1956). The traumatism of a combat situation is undeniable. It was the experience stemming from the research of soldiers which led to the formulation of a PTSD notion. In addition to fight another soldiers' experience might be captivity. 420 thousand soldiers are estimated to have been imprisoned by Germans in 1939. Approximately 300 thousand of soldiers were forced to slave labour. In 1944 the number of prisoners of war amounted to 70 thousand including 17 thousand of

Warsaw Uprising insurgents. In 1939 230 thousand of soldiers were held captive by the Red Army. Approximately 42 thousand of soldiers were handed over to Germans, 10 thousand fled from captivity, whereas 20 thousand reported to the army of general W. Anders and some were released. The fate of almost 100 thousand of soldiers remains unknown [3]. The majority were male and the most common traumas they were exposed to were a threat of death during combat or a threat of captivity. Other traumatic situations included a loss of contact with close ones, undernourishment, exposure to hypothermia, the deprivation of healthcare, a threat of losing own life or that of close persons during further persecution, the exposure to death and injuries of others and the deprivation of freedom.

Considering the time of activation and a type of trauma it is clear that the main consequence was a full-blown PTSD. In that respect the two groups bear most resemblance [10].

Holocaust survivors

The treatment programme of Holocaust trauma consequences was initiated in Poland at the start of the nineties. The origins of the programme can be traced to the research on KZ-Syndrome carried out by prof. Maria Orwid. From 1995, at the initiative of prof. Maria Orwid, an individual therapy followed by a group one with the Holocaust survivors was carried out. It should be noted that the study encompassed both the survivors and the second generation. Generally, the examined individuals came from assimilated Jewish families and their family contacts with Poles let them survive the war. They are members of the association “Children of Holocaust” [11].

The Holocaust survivors’ group comprised of individuals who had Jewish origins and survived the war in the territory of Poland. At the very beginning of the war those persons experienced traumatic war-related events: bombarding, escapes from home or a loss of meaningful persons (parents, friends, spouses). From the start of the war they experienced a strong feeling of danger to themselves and their close ones coming from the invader. They survived the war because they were in hiding or in possession of, so called, “Aryan papers.” The people who helped those in hiding were most often their friends, strangers charging a fee for hiding or representatives of the Catholic clergy. The group members believed they had no influence on rescuing themselves and others and what let them survive was the willingness to stay alive and survive, the help and support they received and the desire to save someone close. While hiding for many years, the people from this group experienced a series of traumatic events: they felt a permanent fear of being discovered by the invader and worried about their own life and the life of the people who gave them shelter [3, 12, 13]. They also felt humiliated due to the image of a Jew projected by the invader and the situation they found themselves in. Some of those in hiding did not have the chance to talk or move freely (not only outside the premises in which they were hiding because of “the wrong look” but also when it came to leaving a place in which they were hiding). Oftentimes they were held in poorly illuminated rooms without a heating where they suffered from a shortage of clothes and food. They also struggled with the feeling of loneliness, anxiety about the fate of family which they

longed for. The children were in a particularly serious predicament as in most cases they were hiding without parents at the places which belonged to complete strangers [3, 12, 13]. After the war the majority of the saved individuals kept secret about their Jewish origin and the Holocaust experience [3, 13]. The style of functioning and adaptive mechanisms to trauma might be passed on between generations and even with a considerable disruption of a relationship or leading to the occurrence of psychopathological symptoms (anxiety, avoidance etc.). The research concerning children of traumatised persons is called the research on the second generation (implicitly, second generation of trauma) and it was conducted in the group of Holocaust survivors [14–18].

Scientific publications on this group of survivors mainly concern works on specific functioning of the first and second generations and the analysis of post-traumatic psychopathology demonstrated during psychotherapy with the portrayal of challenges and therapeutic difficulties [19]. The authors report on the therapeutic setting as follows: “the group psychotherapy takes place in a marathon regime – 3 days, 6 hours of therapy daily during outgoing meetings twice or three times a year. 80 persons participate in it. Each time 50–60 individuals participate in a meeting and they work in four groups.” They also point out to the social changes occurring over a long time and the lowering number of group participants due to natural causes [20].

Among the therapeutic challenges the attention is drawn to a wide variety of disorders ranging from neurotic and personality ones to psychotic disorders as well. Having analysed the publications, a typical portrayal of disorders related to post-traumatic functioning emerges: a fear of trauma renewal, withdrawal, contact limited to closed social groups and a high level of anxiety. However, at the same time the coexistence of the Jewish origin secret and the Holocaust secret is specific for that group [20]. The authors report on a varied attitude towards secrets but the image of patients’ alienation and the hiding of identity from the milieu or even the closest ones are recurrent. The publications also consist of resistance discussions, group dynamics and transference [20] together with records of therapeutic sessions [19] or the identification of risks for therapists [21]. The group of Holocaust survivors organised around prof. Maria Orwid’s research is a unique psychotherapeutic structure.

The works on the first and second generations constitute a superb continuation of the post-war research on KZ-Syndrome conducted by the same researcher, prof. Maria Orwid, and they are regarded as a direct development of the earlier works concerning the research on adaptation to life after trauma. Here the notion of adaptation to life after trauma is developed into the adaptation to family life and the influence of parents’ trauma on their children.

Maria Orwid herself (with co-authors) referred to the censorship of the year 1989 which divided the KZ-Syndrome research into general one and specific groups of survivors after 1989. The publication released in 1994 [13] pointed out to the political aspects which “did not facilitate the penetration of the Jewish issue” during communism and the “anti-ethnic” aspect of intellectuals including psychiatrists who “avoid the analysis of the totalitarianism issue in the category of persecution of a particular nation.” Undoubtedly, it seems to be an apt description of the impact of political changes on post-traumatic disorder research.

The descriptive studies of the first and second generations were conducted between 1990 and 1993 within the framework of the programme “Judaica”. In both generational groups over 20 persons were examined. Further 51 persons were studied as a part of doctoral thesis published in 2009 [18]. They still constitute unique intergenerational research as no other similar study was carried out in other groups of survivors e.g. former prisoners or Siberian deportees. In the research before 1989 a few works on the second generation of concentration camp prisoners, mainly by Małgorzata Dominik, were published [22, 23].

In the portrayal of the first generation of Holocaust survivors a stronger bond between the examined persons and their fathers, not mothers, was noted. The majority was aware of their Jewish origin, all of them spoke Polish during war and in most cases preserved Jewish religion practices. During the war some of them were imprisoned in concentration camps and the majority was hiding at strangers’ properties. When asked what let them survive, the predominant responses were: the willingness to survive and help from others. Fear and humiliation were reported as the hardest experience. In a post-war adaptation period they formed good relationships. 25% of the examined group was diagnosed to have excessive emotional and social expectations towards their children who were bound by them. They were primarily based on intellectual and family values. The majority was diagnosed with typical symptoms of PTSD [14].

A stronger bond with a mother than with a father was pointed out in the portrayal of the second generation, which was an observation that differed from the first generation. An identity secret was a significant factor. Over 50% of the examined found out about both the Jewish origin and the Holocaust only in adulthood, which was interpreted by the authors as the factor facilitating both conscious and unconscious family and social void and the interruption of the intergenerational continuity. Almost $\frac{2}{3}$ of the families did not practise religion. Family functioning was dominated by the focus on children with unclear delegations directed at them together with the unwillingness to copy the model of families of origin [14]. In addition, emotional neglect in childhood as a key impact on transgenerational transmission of trauma and a protective role of non-traumatized parent was demonstrated [18].

Siberian deportees

With the end of the nineties the proportions in examined persons changed as the number of Siberian deportees rose. The group of deportees encompasses Poles deported by Russian authorities as a part of ethnic and political repression which can also be considered as an ethnic expurgation. The deportations aimed not only at threatening Polish civilians and weakening the power of a potential political opposition but also at clearing territories of ethnically homogenous population. The estimates of the deported population vary but currently the accepted number oscillates around 800,000–1,000,000 individuals [24]. The majority was deported within several days as a part of merely a few but exceptionally massive actions of the Red Army and People’s Commissariat for Internal Affairs (NKWD) at the time when Polish territories were occupied as a consequence of the agreement with Nazi Germany known as the Molotov-Ribbentrop

Pact. Deportations, however, took place earlier and they were targeted at the Polish national minority living in the Soviet Union as well as in the post-war period when Polish citizens were transported from Poland as a part of repression targeted at political opposition. Entire families were usually deported, sometimes multi-generational ones: grandparents, parents and children and some children were born already in exile. The majority of transports were sent to far off Siberia or Kazakhstan. All deported individuals are commonly referred to as Siberian deportees.

The most common traumas the deportees faced were the deprivation of milieu and physical support. The deportations were carried out against civilians and the deported persons did not have the opportunity to take many belongings with them as they usually could only pack few clothes and food. The rest of the estate remained unsupervised. At the time of deportation they were threatened and intimidated. The action was conducted by armed soldiers and NKWD officers who often used death threats. The transport was carried out in very difficult conditions in overcrowded freight wagons without access to water, hygiene products and food. From the moment of deportation they were exposed to death and suffering of others. Several people usually died during the transport lasting most often 4–5 weeks and bodies were thrown onto rail tracks without a burial. Once they reached the destination, they were deprived of any means of livelihood. They were placed in multiple occupancy barracks or dugouts, which very often they had to dig out themselves. Throughout the time in exile they were deprived of food, healthcare, forced to slave labour and exposed to cold temperatures. They were confronted with the death of close ones and others. They were intimidated and sometimes additionally punished with imprisonment or labour camp. The contact with others was prevented. When the war ended, they were discouraged and hindered in their efforts to return to homeland. Having returned, they were directed to unfamiliar places, usually in Western territories where they experienced misunderstanding and mistreatment because of e.g. a different accent.

Unofficial help for the Siberian deportees was offered by an outpatient psychiatric clinic in the nineties and before that by dr Barbara Mone-Dzikowska.

The study of Siberian deportees was conducted together with the research of former political prisoners, former concentration camp prisoners and war veterans.

The picture of the reaction to trauma in this group is closer to a personality disorder (permanent change) after catastrophic experience (F62.0) than a typical post-traumatic stress disorder (F43.1). The main symptoms encircle impaired social functioning, avoiding contact, a fear of persecution renewal, withdrawal and isolation within small social groups. The symptoms of irascibility demonstrated relatively poor severity, whereas general subclinical depressive symptoms occur frequently. Anxiety levels are within high range, which is usually the case in post-traumatic disorders.

Despite abnormal anxious social functioning, clinical observations demonstrate normal social functioning of Siberian deportees' families and a normal separation of children in particular.

The fact of deporting Poles by the Soviet Union was concealed by communist censorship and those individuals did not receive any treatment before. Furthermore, many persons of that group experienced traumatic situations in early childhood. A trauma

shall be understood in line with the definition proposed by Sándor Ferenczi [25, 26], that it is not only an “added” situation but mainly a deficit in care which was impossible to be provided in camp conditions. The unique character of the examined group allowed for the formulation and execution of a research project which presented the consequences of mental trauma experienced in childhood [10]. Numerous methods which provide qualifying results were adopted (depression scales, anxiety scales, PTSD scales, personality questionnaires and others). A statistical analysis of the results unequivocally corroborated a higher severity of practically all psychopathological symptoms in the group of persons traumatised in childhood. Some symptoms (e.g. personality disorder indicators) only in that subgroup occurred at abnormal level if compared to individuals who experienced trauma in adulthood. At present the verifying research on changeability in severity of symptoms over time is being conducted. Preliminary results demonstrate a high stability of symptoms and a lack of a significant change even despite starting a treatment.

During the research of Siberian deportees the second comprehensive and unique research project concerning the study of somatic health was formulated. The study is conducted by specialists of internal diseases with the use of laboratory techniques. The statistical analysis corroborates a higher frequency in occurrence of chronic and metabolic diseases if compared to the general population. A higher frequency in the occurrence of osteoarthritis, stomach and duodenum ulcers, diabetes, circulatory disorders and others [27] is observed. It should be noted that the study is unique among others that were reported as it is the only one that refers to purpose-built comparative groups. In the case of remaining studies the use of comparative groups is not specifically justified. Further research also reported higher laboratory parameters and, significantly enough, the proportionality of the severity of abnormalities to PTSD severity [28].

Former concentration camp prisoners

The group is relatively less numerous among the examined persons. The reasons are likely to be social as the former prisoners received support and treatment the earliest from all persecuted individuals and the majority underwent treatment many years before.

Descriptive accounts of stressful situations and health consequences of a stay in a camp were referred to in publications on many occasions (e.g. “Przegląd Lekarski – Oświęcim”) [29–36]. Among health consequences the most common are different forms of PTSD reported in numerous publications, in particular, the special issues of “Przegląd Lekarski – Oświęcim” [1].

Organisation of studies

From the early nineties two research groups have been operating. They differ not only in the research subject but also in the organisation of work. One group carries out the research of political prisoners from the Stalinist era, Siberian deportees, former

concentration camp prisoners, war veterans and others, whereas the focus of the second group are Holocaust survivors and their families.

Those involved in conducting studies of Holocaust survivors were mainly associated with Child and Adolescent Psychiatric Clinic run by prof. Maria Orwid. The activities carried out covered research projects concerning the first and second generations of survivors and still ongoing group psychotherapy. Intergenerational research was conducted under “Judaica” programme conducted by the Institute of Jewish History and Culture in Poland at the Jagiellonian University in Krakow under the supervision of prof. Józef Gierowski [13, 14]. The organisation of psychotherapy was presented above. The conclusions drawn from the psychotherapy are the focus of further publications [19, 20]. The authors most commonly associated with it are: Maria Orwid, Katarzyna Prot, Maria Kamińska, Krzysztof Sz wajca, Kazimierz Bierzyński, Łukasz Biedka, Ewa Domagalska-Kurdziel, Ryszard Izdebski¹.

The research of former prisoners, Siberian deportees and others was carried out at the Social Pathology Institute of the Department of Psychiatry of the Jagiellonian University Medical College under the supervision of prof. Józef Krzysztof Gierowski and prof. Zdzisław Jan Ryn up to 2007 and since then they have been conducted at the Department of Psychotherapy of the Jagiellonian University Medical College.

The main profile of the Social Pathology Institute was to provide psychiatric assessments for courts of law. Therefore, the model adopted in the organisation of work was similar to an advisory one. The examination was conducted at the request of the interested parties. Those who came forward underwent psychiatric and psychological examinations after which they received a specialist certificate regarding their health condition which included an interview, report on mental condition, diagnosis and possibly its relation to an experienced trauma. Persons who were in need and had such an opportunity started treatment in an outpatient mode, whereas others could use the certificate as an outcome of a specialist consultation to start the treatment in their place of residence. The research was carried with the assistance of the Social Pathology Institute staff: Renata Jędrzejowska, Józef Krzysztof Gierowski, Janusz Heitzman, Zdzisław Jan Ryn, Krzysztof Rutkowski and the personnel of many other units of the Department of Psychiatry of Jagiellonian University Medical College.

At the beginning of the nineties the collaboration with the International Rehabilitation Council for Torture Victims was initiated. Soon afterwards the Krakow centre was the first one in Poland which entered the international register of the United Nations High Commissioner for Human Rights as a centre offering treatment to torture victims and IRCT list. In 1996 the Outpatient Clinic for Persons Persecuted due to Political Reasons was established at the Social Pathology Institute of the Department of Psychiatry of the Jagiellonian University Medical College. It was formally established in 1996 with the decision of the State Teaching Hospital head, prof. Igor Gościński, at the request of Krzysztof Rutkowski. However, its unofficial work started earlier [37].

¹ We would like to express words of gratitude to mgr. Kazimierz Bierzyński, a supervisor of the therapeutic team of “Children of Holocaust” at the Department of Psychotherapy of the Jagiellonian University Medical College for the assistance in the verification of information related to the group psychotherapy of survivors.

The Outpatient Clinic operated as a separate administrative unit until the reorganisation and transformation of the State Teaching Hospital into University Hospital. At present the work is carried on within the structures outlined below. That was the only case when a separate unit profiled for the treatment of persecution survivors and trauma victims existed in over a 100-year long history of post-traumatic disorder research in Krakow.

The research was recognised and awarded prestigious grants which allowed the research projects to be carried out. Between 2000 and 2002 the EU grant “Medical Rehabilitation Centers for Torture Survivors in Central Europe” was implemented, whereas in 2004–2007 another EU grant “Joining Strategies for the Rehabilitation of Torture Victims in Accession Countries” was utilised. In the years 2005–2007 a grant from the Ministry of Education and Science was awarded. Constantly between 2000 and 2014 the project entitled “Diagnostics and Treatment of Posttraumatic Disorders in Survivors of Political Persecution in Poland”, which was evaluated every year and funded by the United Nations Voluntary Fund for Victims of Torture, was conducted. Furthermore, three other research projects were carried out: “Sleep Disorders in the Course of PTSD”, “Personality Disorders in Persons Exposed to Traumatic Stress in Early Childhood”, “The Evaluation of Stability in the Course of Chronic PTSD.” The projects resulted in numerous scientific publications, doctoral theses and a post-doctoral thesis [7, 10, 38]. As a part of the grant work the collaboration with the centres in Hungary, Romania, Croatia and Denmark was established. Additionally, the collaboration with clinical centres was expanded. Currently, all persons also undergo an internist examination at the Department of Internal Medicine and Gerontology of the Jagiellonian University Medical College. The internist examinations have been carried out by Jolanta Walczewska, Izabella Kierzkowska and Karolina Piotrowicz. The results of the internist examinations became a source for publications [27, 28, 39] on somatic consequences of sustained traumas.

At present the research is coordinated and conducted by the Department of Psychotherapy of the Jagiellonian University Medical College. Psychiatric examinations are performed by Edyta Dembińska, Michał Mielimąka, Łukasz Müldner-Nieckowski, Krzysztof Rutkowski and Krzysztof Tokarz, whereas psychological assessment is carried out by Agnieszka Turkot (Department of Psychiatry of the Jagiellonian University Medical College) and the internist ones by Karolina Piotrowicz, Agnieszka Parnicka and Jolanta Walczewska (Department of Internal Medicine and Gerontology of the Jagiellonian University Medical College). The majority of individuals coming forward are Siberian deportees who spent their childhood in exile. Those persons compensated the symptoms of disorders for numerous years as it was impossible for them to receive treatment during communism due to political reasons.

Every year around 30–40 new patients (at times the number reached 70) register despite the fact that the mean age of the group is on the increase. During the course of these investigations approximately 1,400 persons underwent examinations and obtained certificates. Around 400 forensic-psychiatric reports, which issued for employment tribunals in the entire country, should be added to that number.

Except for treatment, advisory and research activities, the educational role seems to occupy an important position. During the execution of the EU grants training seminars

on post-traumatic disorders with their assessment and treatment were organised for doctors and psychologists. They attracted over 120 participants. After the year 2000 with the implementation of the change in psychiatry specialisation programme, more than 100 doctors from the entire Poland were trained in examining and assessing individuals with post-traumatic disorders as a part of their forensic psychiatry traineeship. The experience from the assessment work led to the publication of a handbook on forensic-psychiatric assessment of persons persecuted due to political reasons [40]. In 1999 an international conference “International Sub-Regional Conference on Rehabilitation of Torture Survivors” took place. The educational activity is constantly maintained encompassing lectures and trainings which are aimed at e.g. judges and refugee centre personnel.

Recapitulation

The year 2014 symbolically summarises 100 years of research on post-traumatic disorders in Krakow. On 24th October 2014 an international scientific conference was organised [41] and the United Nations grant was finalised on 31st December 2014. Patients continue to register for treatment but it should be logically assumed that number is bound to decrease as a fortunate consequence of political changes in Poland.

While summing up the research reported earlier, its social impact should not be overlooked. Certainly the attempts to considerably improve the quality of life of thousands of repression victims (former concentration camp prisoners, Holocaust survivors and their families, former political prisoners of the Stalinist era, Siberian deportees and others) were successful. Furthermore, the research results effectively influenced the improvement of the social situation also of those individuals who did not participate in the study as it changed attitudes towards the repressed, improved assessment procedures and enabled a wider access to treatment carried out by trained personnel. Unfortunately, not everywhere the success was achieved in that respect as there are still single individuals who question the effects of post-traumatic disorders, contrary to the scientific facts. However, it can be noted that such cases are undoubtedly more infrequent. The research was conducted in Poland but the publications and conference presentations occurred frequently at the international level. The publications concerned not only clinical notions but also covered social aspects [42–44].

It can be expected that the research and treatment will be definitely continued in the nearest future accordingly to the social demand. What the distant future may bring seems to be difficult to predict at the present moment. The deliberations about the expansion of the research to refugee groups are still ongoing. However, such an undertaking seems highly challenging from the organisational point of view at present. What stays as an obvious dream, however, is the world in which the frequency of repression and the number of persons exposed to trauma stay at their lowest possible levels.

References

1. Rutkowski K, Dembińska E. *Post-War Research on Post-Traumatic Stress Disorder. Part I. Research before 1989*. Psychiatr. Pol. 2015 [E-pub ahead of print; DOI: 10.12740/PP/Online-First/41232].
2. Dz. U. (Journal of Laws) 1991 No 17 item 75. Law of 24 January 1991 on combatants and certain persons who are the victims of wartime and post-war repression.
3. *Złota encyklopedia PWN*. Warsaw: Polish Scientific Publishers PWN; 2002.
4. Heitzman J, Rutkowski K. *Zaburzenia psychiczne u prześladowanych i torturowanych ofiar systemu totalitarnego*. Psychiatr. Pol. 1997; 31(2): 153–164.
5. Rutkowski K, Turkot A, Kurek-Rusin A. *Reakcja przewlekłą psychozą na uraz psychiczny doznany w dzieciństwie – opis przypadku*. Psychoterapia 2007; 1(140): 75–84.
6. Heitzman J, Rutkowski K. *Mental disorders in persecuted and tortured victims of the totalitarian system in Poland*. Torture 1996; 6(1): 19–22.
7. Rutkowski K. *Zaburzenia snu w zespole stresu pourazowego*. Krakow: Polish Academy of Sciences – Branch in Krakow; 2001.
8. Rutkowski K. *Lęk i depresja w przebiegu zespołu stresu pourazowego*. Psychiatr. Pol. 2000; 34(6): 971–981.
9. Rutkowski K. *Anxiety, depression and nightmares in PTSD*. Arch. Psychiatrii Psychother. 2001; 3(2): 41–50.
10. Rutkowski K. *Następstwa urazów psychicznych doznanych w dzieciństwie*. Krakow: Polish Academy of Sciences – Branch in Krakow; 2006.
11. Prot K, Biedka Ł, Szwajca K, Bierzyński K, Domagalska E, Izdebski R. *Psychoterapia grupowa ocalałych z Holocaustu*. Bulletin of the Institute of Group Analysis “Rasztów”. 2009; 9: 17–24.
12. *Dzieci Holocaustu mówią...* Vol. 1–5. Warsaw: “Children of Holocaust” Association in Poland; 2012.
13. Orwid M, Domagalska-Kurdziel E, Pietruszewski K. *Psychospołeczne następstwa holocaustu u osób ocalałych i żyjących w Polsce*. Psychiatr. Pol. 1994; 28(1): 91–112.
14. Orwid M, Domagalska-Kurdziel E, Pietruszewski K. *Psychospołeczne następstwa holocaustu w drugim pokoleniu ofiar holocaustu ocalałych w Polsce*. Psychiatr. Pol. 1994; 28(1): 113–130.
15. Valent P. *Child survivors of the Holocaust*. New York, London: Brunner-Routledge; 1994.
16. Volkan VD, Ast G, Greer W. ed. *The Third Reich in the Unconscious*. New York, London: Brunner-Routledge; 2002.
17. Samper RE, Taft CT, King DW, King LA. *Posttraumatic stress disorder symptoms and parenting satisfaction among a national sample of male vietnam veterans*. J. Trauma. Stress 2004; 17(4): 311–315.
18. Szwajca K. *Uwarunkowania transgeneracyjnego przekazu traumy u potomstwa osób ocalałych z Holocaustu*. unpublished doctoral thesis. Krakow: Jagiellonian University; 2009.
19. Prot K, Szwajca K, Biedka Ł, Bierzyński K, Domagalska E, Izdebski R. *Psychotherapy of Holocaust survivors – group process analysis*. Arch. Psychiatrii Psychother. 2011; 13(1): 21–33.
20. Prot K, Biedka Ł, Szwajca K, Bierzyński K, Domagalska E, Izdebski R. *Psychoterapia grupowa ocalałych z Holocaustu – doświadczenia własne*. Psychoterapia 2010; 1: 25–35.
21. Orwid M, Domagalska-Kurdziel E, Kamińska M. *Refleksje nad psychoterapią ocalałych z holocaustu*. Psychoterapia 1997; 2: 71–74.

22. Dominik M, Teutsch A. *Nerwice u potomstwa byłych więźniów obozów hitlerowskich*. Przegł. Lek. 1978; 35(1): 16–20.
23. Banach G, Dominik M. *Psychiatryczne następstwa obozów hitlerowskich w drugim pokoleniu byłych więźniów*. Przegł. Lek. 1985; (42)1: 29–34.
24. Paczkowski A. *Pół wieku dziejow Polski*. Warsaw: Polish Scientific Publishers PWN; 2005.
25. Ferenczi S. *Final contibutions to the problems and methods of psycho-analysis*. London, New York: Karnac; 2002.
26. Ferenczi S. *Further contribution to the theory and technique of psycho-analysis*. London, New York: Karnac; 2002.
27. Walczewska J, Furgal J, Rutkowski K. *Ocena aktualnego stanu zdrowia osób deportowanych na Syberię w latach 1940-1956*. Gerontol. Pol. 2002; 10(4): 186–189.
28. Walczewska J, Rutkowski K, Wizner B, Cwynar M, Grodzicki T. *Stiffness of large arteries and cardiovascular risk in patients with post-traumatic stress disorder*. Eur. Heart J. 2011; 32(6): 730–736.
29. Kłodziński S. *Swoisty stan chorobowy po przebyciu obozów hitlerowskich*. Przegł. Lek. 1972; 29(1): 15–21.
30. Leśniak R, Mitarski J, Orwid M, Szymusik A, Teutsch A. *Niektóre zagadnienia psychiatryczne obozu w Oświęcimiu w świetle własnych badań*. Przegł. Lek. 1961; 17(1): 64–74.
31. Orwid M. *Socjopsychiatryczne następstwa pobytu w obozie koncentracyjnym Oświęcim-Brzezinka*. Przegł. Lek. 1964; 20(1): 57–68.
32. Póltawska W. *Stany hipermnezji napadowej. (Na marginesie badań tzw. „dzieci oświęcimskich”)*. Przegł. Lek. 1967; 23(1): 89–93.
33. Póltawska W. *Stany hipermnezji napadowej u byłych więźniów obserwowane po 30 latach*. Przegł. Lek. 1978; 35(1): 20–24.
34. Szymusik A. *Poobozowe zaburzenia psychiczne u byłych więźniów obozu koncentracyjnego w Oświęcimiu*. Przegł. Lek. 1962; 18(1): 98–102.
35. Szymusik A. *Astenia poobozowa u byłych więźniów obozu koncentracyjnego w Oświęcimiu*. Przegł. Lek. 1964; 20(1): 23–29.
36. Witusik W, Witusik R. *Ślady następstw chorobowych związanych z pobytem w więzieniach i obozach koncentracyjnych (u byłych więźniów ze środowiska oświęcimskiego)*. Przegł. Lek. 1968; 24(1): 56–64.
37. Rutkowski K. ed. *Help for victims of torture at the Centre for Victims of Political Persecution*. Krakow: Polish Academy of Sciences – Branch in Krakow; 2002.
38. Walczewska J. *Ocena jakości życia i stanu zdrowia osób deportowanych w dzieciństwie na Syberię w latach 1940-1946*. Unpublished doctoral thesis. Krakow: Jagiellonian University; 2008.
39. Walczewska J, Rutkowski K, Wizner B, Grodzicki T. *Jakość życia u osób z PTSD*. In: Gałuszka M, Kostka T. ed. *Jakość życia i opieka zdrowotna weteranów służby w Wojsku Polskim*. Łodź: Ministry Of National Defence, Medical University of Lodz; 2009. p. 126–136.
40. Habzda-Siwiek E, Rutkowski K. *Opiniowanie psychiatryczne w sprawach kombatantów oraz osób represjonowanych*. Krakow: Polish Academy of Sciences – Branch in Krakow; 2004.
41. *100 lat psychoterapii i badań stresu pourazowego w Krakowie*. Psychiatr. Psychoter. 2014; 10(2): 1–22.
42. Gierowski JK, Jędrzejowska R, Rutkowski K, Ryn ZJ. *Aspekty społeczne i etyczne w opinio-waniu psychiatrycznym ofiar prześladowań politycznych*. Wiad. Psychiatr. 2003; 6(2): 85–89.

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43. Ryn ZJ. *Psychiatria obozów koncentracyjnych i prześladowań politycznych. Bibliografia prac Katedry Psychiatrii CM UJ 1960-2002*. Krakow: Polish Academy of Sciences – Branch in Krakow; 2003.
 44. Ryn ZJ, Rutkowski K. *Die Opfer des Naziregimes und der kommunistischen Verfolgung in Polen*. In: Morawe P. ed. *Zwischen den Welten psychosoziale Folgen kommunistischer Herrschaft in Ostmitteleuropa*. Baden-Baden: Nomos Verlagsgesellschaft; 2004. p. 48–54.

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