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Psychopathological long-term consequences of deportation of Polish civilians into the Soviet Union after 55 years (on the base of self-reports by the Sybiracs)

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Summary: The study deals with psychopathological symptoms that were reported by individuals who had been deported to the Soviet Union (SU) during World War II (named here as Sybiracs). A total of 100 people who had survived deportation in childhood or early adolescence were assessed with the semi-structured interview, PTSD Inventory and Geriatric Depression Scale (GDS). During the stay in the SU the deportees were confronted with events that caused traumatic stress. The survey reveals that the most common PTSD symptoms in the subjects were: intrusive, distressing recollections of the deportation period and emotional as well as physiological reactivity on exposure to stimuli associated with deportation. The survey indicates that 47% of the subjects observed in themselves single symptoms of depression. The strongest predictors for psychopathological symptoms were: female gender, current bad medical conditions and bad psychological condition just after deportation. The results suggest that Sybiracs may well derive benefit from psychiatric and psychological consultations and support groups.

Key words: post-traumatic stress disorder, deportation, traumatic experience, depression

Introduction

The persistence of post-traumatic psychiatric symptoms over decades has been recognized in survivors of the Holocaust [1], prisoners of Nazi concentration camps [2, 3, 4], veterans of World War II [5], Vietnam veterans [6], prisoners of World War II, who returned from captivity in the USSR [7]. The victims of political repressions of Stalinism, who were deported from Poland to the Soviet Union during World War Two and kept there until the repatriation several years later, have not received a clinical evaluation.

This survey deals with the long-term psychopathological effects of exposure to deportation trauma which persist in an active form today. The main goal of the research was to find answers to the following questions:

1. What were the sources of the personal distress that the deportees to the Soviet Union experienced during their 5 years of living in exile?
2. What were the psychopathological consequences of deportation, particularly:

What kind of PTSD symptoms did the deportees report?

Was the deportation trauma a risk factor for depressive symptoms?

The theoretical background to this study has stemmed from:

Formulations and recognition by mental health clinicians that the individuals who have been exposed to situations of extreme stress, which involved intense negative emotions (fear, helplessness, horror, shame and other), following exposure to these situations may react in maladaptive ways. According to psychiatric nosology in DSM-IV [8] maladaptive reactions are marked by:

1. Persistent re-experiencing of the traumatic event,
2. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness,
3. Persistent symptoms of increased arousal (not present before the trauma).

These symptoms belong to the post-traumatic stress disorder (PTSD) syndrome. Duration of the symptoms varies. Post-traumatic Stress Disorder is encoded according to 3 subtypes: acute, chronic and the delayed onset type. In chronic PTSD duration of the disturbance is indeed more than 3 months over decades. During a span of several months or years, certain symptoms may persist when other symptoms of the syndrome are eliminated or minimized [9]. PTSD symptoms frequently appear in association with other mental disorders and changes of personality characteristics [8,10]. There is, in particular, strong evidence that traumatic events are capable of producing depression [8, 10, 11].

Responses to extreme stress are influenced by social and psychological mediating factors including both inner resources and deficits (e.g., physical health, coping, beliefs, intellectual abilities, inherited vulnerabilities) and external resources of deficits (e.g., social support, family status, pre-existing family pathology) [12, 13, 14].

Historical background

In 1939, in the beginning of World War Two, not only the Nazi Army but also the Red Army from the Soviet Union invaded Poland. Two weeks after the Nazi invasion, the Soviet Army occupied a part of Poland that was located to the east of the Bug River. This territory came under the direct Soviet Union rule and became its part. Military men were put to jail and afterwards shot or deported to the labour camps of Vorkuta, Karaganda and others. More or less 1 500 000 citizens considered to be “disloyal” who lived there had to vacate their houses, estates and farms and they were loaded into cattle wagons and deported thousands of miles far into the Asian areas of the Soviet Union (including north Siberia - a land with a particularly hostile climate). Polish civilians deported to the SU represented all age groups. Babies, children, teenagers, adults, pregnant women and the elderly were all among them. Of the estimated 1 500 000 deportees at least one third died during their stay in SU. The most efficient weapons of mass murder in Stalin’s regime were frost, starvation and exhaustion by hard labour. After repatriation to Poland in 1946, deportees were settled in the so-called Regained Territories, near the border with Germany.

In the Polish vocabulary "Sybir" means not only a geographic region of the Soviet Union (nowadays: Russia) but this name also has been given to other wild, uninhabited areas of the Soviet Union where deportees were kept. Hence, people deported by Stalin's regime have been called "Sybiracs".

Method

The participants were one hundred members of the Sybiracs' Association (68 women and 32 men), born from 1928 to 1934, who in 1940/1941 had been deported and during the 5-or 6 years, had been staying in the SU. The average age of the subjects was 68.77, the average age at the moment of deportation was 9.36. Participants represented different levels of education and family status. 54 % were married, 25% - widowers, 18% - divorced and 3% - unmarried.

The subjects were visited at their homes by two trained interviewers and were informed about the purpose of this survey as well as being told that they could break off the examination at any point. They were asked if they were willing to be interviewed. A good memory of the deportation period was required. Those who agreed were examined using:

1. The semi-structured interview, the questionnaire which consists of 212 questions evaluating demographic and biographic characteristics of deportees before deportation, traumatic experiences during the deportation, present and past state of health, ups and downs during the life span and psychopathological symptoms currently observed by participants.
2. PTSD Inventory (by Jackowska) of which 15 items were patterned after the criteria for the PTSD syndrome as described in DSM-IV [8]. The total range of PTSD Inventory is 0 to 21. The whole inventory has been published elsewhere [15].
3. Geriatric Depression Scale (GDS) by Yesavage [16], a 30-item validated self-completed rating scale for screening of depression in the elderly, where a score higher than 10 indicates possibility of depression, 10-20 mild depression, 21 and higher – severe depression.

As seen above, an evaluation of psychopathological effects of deportation was based on the self-reports given by deportees. Therefore the interviewers looked over the empirical material over very precisely to eliminate ambiguous, incohesive interviews.

We used STATISTICA PL to analyze statistical significance of the data.

This research was conducted from April 1999 to June 2000.

Results

In the great majority of cases, the subjects remembered the years of staying in Sybir as a series of calamities. The deportees were confronted with events that caused intense fear, helplessness, anger and despair. Most of them were transported to the SU in the wintertime during several days or weeks in unheated and overcrowded train-convoys without toilets and water. They lived there in underground mud huts or

barracks. Hygiene was extremely poor and the infestation of lice was constant. They were afflicted with chronic starvation, life-threatening illnesses (e.g. typhoid, dysentery and pneumonia), lack of medical care, lack of protection from cold. Some of them were pressed to do hard work in lumbering or in the fields. As their wage deportees received a bowl of potato soup and 400-600 grams of black bread. They experienced the death of family members and close friends, separation from their families (forced orphanage) and other serious threats. Table 1 presents the frequency of some traumatic experiences reported by the subjects in the interviews.

Table 1

Percentage of Sybiracs reporting some traumatic experiences (N=100)

Traumatic experiences	Yes
Starvation diet ("I was constantly famished")	93
Climate (hard frosts, horrible feeling of chill)	91
Exhausting, hard labour	75
Separation from parents (stay at orphanage)	26
Death of mother (starvation, freezing to death, illness)	14
Death of father (starvation, illness, imprisonment)*	20
Death of siblings (starvation, accidents, illness)	21
Serious illness (life threatening)	81
Other life threats (e.g. wolf's attack, encounter with a bear)	19

*19 fathers were imprisoned by the NKWD (Soviet secret police) before the moment of deportation. After that they were murdered. The subjects were not aware of this fact when being deported. Numbers in the table concern only those events that directly touched Sybiracs during the deportation.

It is impossible to present all critical conditions they met there. As the results demonstrate, Sybiracs were exposed to some very severe traumatic experiences. Starvation, orphan hood, hard physical illness or other threats to life, were counted among the heaviest stressors that caused traumatic stress. The impact of such stressors could lead directly to psychopathology. 95% subjects experienced at least one of the stressors.

The strength of destructive stressors was reduced by social support, particularly family support, belief in God, hope and the task-oriented coping. These mediating factors were instrumental in surviving in extremely difficult situations. This problem was presented in another paper [17].

Table 2 displays frequency of PTSD symptoms that were estimated on the basis of the self-completed Inventory. The total scores in PTSD Inventory: Mean (M) 9.88; Min. 2; Max. 20; Me 10; SD 4.46.

The study reveals that many participants felt various symptoms following the exposure to traumatic stressors in Sybir. They are the re-experiencing of the traumatic events in the shapes of some images, thoughts, distressing dreams and feelings; intense emotional reactions when being exposed to stimuli associated with deportation; avoi-

Table 2

Percentage of Sybiracs reporting chosen psychopathological symptoms of PTSD with regard to gender distribution

Symptoms	F	M	Total	chi-square
Intrusive, distressing recollections of the deportation period	66	65	66	0.00
Recurrent distressing dreams of the deportation period	37	25	33	1.55
Feeling as though the traumatic events were recurring	38	16	31	6.71*
Intense psychological distress when exposed to stimuli associated with deportation	88	84*	87	0.77
Intense physiological reaction on exposure to stimuli associated with deportation	80	52	62	6.37*
Efforts to avoid situations that arouse recollections of deportation	22	16	20	0.79
Feeling of being different from others	26	25	26	0.02
Difficulty in intimate relationships	78	13		
Restricted range of affect, unable to have loving feelings	135	31	34	0.05
Difficulty in falling asleep	60	37	53	4.54*
Irritability	38	22	32	2.21
Exaggerated startling response	51	31	45	3.59

* $p<0.05$

ding situations that arouse recollection of deportation; feeling of being different from others; restricted range of affect; irritability; poor concentration; increased arousal; exaggerated startle responses; difficulties in falling or staying asleep.

The study provides many proofs on the relationship between the severity of PTSD symptoms and gender. For women: M 10.82; Me 11; SD 4.09; for men: M 7.88; Me 7.5; SD 4.57. There is a significant interaction between the number of symptoms and gender ($F = 10.48$, $p = 0.0016$). Taking into account frequency of the following symptoms: intrusive feelings as the traumatic events were recurring, intense physiological reactions in response to stimuli associated with deportation, difficulties in falling sleep, and applying the chi-square analysis, the differences between women and men are also statistically significant ($p<0.05$).

The higher rate of symptoms is significantly correlated with other sociodemographic characteristics. In accordance with the expectations, such variables as: the worse so-

matic and psychological conditions immediately after deportation, currently suffering from a serious, chronic disease, poor financial status and the lack of job satisfaction, are significant in predicting the severity of PTSD symptoms. Only marital problems manifested the lack of interaction to PTSD.

The results are presented in table 3:

Table 3

Spearman's rank-order correlation between PTSD symptoms and some variables

Variables	N	R	P
General medical condition after dep.	100	0.35	0.000
Psychological condition after deport.	100	0.48	0.000
Current general medical condition	100	0.32	0.001
Current financial status	100	0.31	0.002
The lack of job satisfaction	93	0.26	0.010
Marital problems	95	0.13	0.205 n.s

It was supposed that PTSD symptoms would appear in combination with depressive symptoms. The total scores in GDS of the entire sample are: M 11.19; Min. 1; Max. 29; Me 10; SD 6.57. For women: 12.41; 1-29; 11; 6.21; for men: 8.78; 1-24; 7; 6.69. Spearman rank-order correlation between results of PTSD Inventory and GDS is strongly significant (for the entire sample R=0.62, p=0.000; for women R=0.48; p=0.0001; for men R=0.55; p=0.0011). The significant interaction is likewise that between gender and depression (F=6.89, p=0.0101). Particular distribution of the results in GDS for women and men shows table 4:

Table 4

Distribution of the results for women and men in GDS

Gender Results	Women N	%	Men N	%.	Total N	%
No depression	27	42.86	22	68.75	49	51.58
Mild depression	28	44.44	6	18.75	34	35.79
Severe depression	8	12.70	4	12.50	12	12.63
Total	63	0.0	32	100	95	100

Chi-square = 6.67; df = 2; p = 0.0036.

51.58% of the subjects were free from depressive symptoms, 35.8% reported symptoms of mild depression, and severe depression was present in 12.63% of the cases. The gender difference is displayed clearly: 57% women and 31% men reported mild or deeper symptoms of depression. The statistical difference between the results for women and men was confirmed by the chi-square test (table 4). These results suggest that the severe traumata in childhood lasting over a period of several deportation years had a stronger destructive impact on the emotionality of women in comparison with men.

We examined whether individual GDS results were associated with the variables presented early. Table 5 shows the correlation between GDS range and these variables.

Table 5

Spearman's rank-order correlation between the results of GDS and some variables

Variables	N	R	P
General medical condition after deportation	95	0.13	0.225 n.s
Psychological condition after deportation	95	0.27	0.0094
Current medical condition (illness)	95	0.26	0.0110
Current financial status	95	0.11	0.295 n.s
Lack of job satisfaction	88	0.28	0.0095
Marital problems	90	0.25	0.0158

Table 5 indicates that a significant correlation characterizes the relationship between the intensity of depressive symptoms and psychological condition just after deportation, the current somatic condition, lack of job satisfaction and marital problems. It is important to note the significant role of the psychological condition immediately after deportation as a variable associated with the severity of depression. A higher range of depressive symptoms was reported by participants who recalled themselves as being depressed, full of anxiety, distressed, distrustful, shy, strange, suspicious, tossing and screaming during their sleep, etc. after their return to Poland from the SU.

Discussion

In accordance with an interactive approach - post-traumatic adjustment depends on mutual influences of many factors. Among those the most important are: the nature and duration of trauma, personality attributes, determined by biology - hardiness and vulnerability, the post-traumatic environment [13, 14, 18, 19, 20, 21]. Our survey deals with some aspects of this complex problem.

In the study we have attempted to asses the intensity of PTSD and depression symptoms in a sample of individuals who were deported to the Soviet Union 55 years ago, and had survived extreme difficult situations. They were confronted by: death, poverty, starvation, hard labour. In consideration of the high mortality rate of Polish deportees in the SU and the current older age of subjects we realize that individuals who participated in this research were rather well-adjusted in general. We ought to emphasize, that not only did the existence in such specific living conditions induce some hurts in emotional development but it also generated good progress in certain aspects of their social development. The subjects reported that the deportation had made them "resourceful" (65%) and "hardened to stress" (39%).

The presented findings confirm results of many studies in which later pathological effects of trauma have been shown. The sense of hurt, particularly caused by long-term, heavy stress, tends to be active and interfere with the emotional growth of individuals

several decades after traumatic events [1, 4, 5, 6, 7, 21]. It should be noted that the examined Sybiracs experienced trauma in childhood or adolescence and after their repatriation to Poland they were struggling with issues such as bad somatic condition, poverty (their farms and estates were beyond Poland), lack of appropriate education, etc. According to the political situation in Poland between 1945 and 1989, the Sybiracs were refused the status of "war victims". Talking in public about the stay in SU was threatened with prison or other repressions.

Results of the research indicate that the war deportation into the SU should be interpreted as a risk factor in depression. The prevalence of depression symptoms in the sample has been relatively high. Cited by Katona [22], the comparative studies using brief interviewer-completed scales revealed significantly less prevalence (ranking from 4.9% to 10%) of depression in elder subjects.

A reciprocal relation over time between PTSD and depression was examined in a sample of Gulf War veterans by Erickson and col. [23]. Across time PTSD – depression correlation fluctuated between 0.45 and 0.5. Initial PTSD symptoms were more strongly predictive of later depression than vice versa. Our survey shows a higher rate of mutual relationship between post-traumatic stress disorder and depression (0.62). It can be supposed that in the elderly this dependence is closer. The discussion on the mechanism of this connection and its range is constantly open. We cannot answer whether PTSD leads to depression or whether in the individuals prone to depression increase the risk for PTSD.

The survey seems to validate an opinion that an earlier experience of trauma (in childhood, in early adolescence), in general devastates the ego's development and makes individuals prone to various kinds of pathological responses.

Moving on to more specific matters it is necessary to keep in mind the results of common risk factors in more serious depression and PTSD symptoms. The strongest predictors of them are: female gender, poor medical condition (illness) and bad psychological condition immediately after deportation.

More prevalence of PTSD and depression symptoms in women after traumatic events caused by war has been lastly found by Duraković-Belko and col. [24]. Our results suggest that the severe traumata in childhood over a period of several deportation years caused the more destructive impact on the emotionality of women in comparison with men. In the interpretation some facts should be considered. In the conceptualization presented by Lazarus, primary appraisal of the stressor determines the severity of stress [19]. There is strong evidence that women perceive events as more dangerous than men. Moreover, a coping process could play an important role. Among men-Sybiracs the problem-focused coping (giving protection from starvation) appeared significantly more often than in women-Sybiracs [15].

The connection between a general medical condition - PTSD and depression symptoms cannot be questioned. This is consistent with the results of other surveys. We quote here studies by Kępiński [2] and Szymusik [3] focused on victims of Nazi camps which indicated a significant impact of somatic diseases on mental disturbances.

The correlation between a bad psychological condition just after return to Poland from the Soviet Union with PTSD and depression symptoms is worthy of a notice. There is an empirical support that during a span of an individual's life the psychological condition has shown a certain level of convergence and identity. Longitudinal surveys presented by Lerner, Hultsch [25]; Maziade and col. [26] confirmed this point of view.

Conclusions

1. During 5 years of their stay in the SU the deportees were confronted with events (including: starvation, orphan hood, hard labour, diseases) that caused intense fear, helplessness, anger and despair.
2. The consequences of the events experienced during the period of deportation are very much alive and for many deportees emotionally troublesome. However we cannot confirm whether or not the examined group of Sybiracs meet the psychiatric standard for the PTSD syndrome because our evaluation was only based on self-report by the Sybiracs.
3. No psychological support was organized when the Sybiracs were repatriated and afterwards but now it is possible for them to participate in structured discussion groups with psychiatric and psychological support. In our opinion Sybiracs may well derive benefit from psychiatric and psychological consultations and support groups. The organization of these forms of support is a task for the Sybiracs' Association.
4. With regard to a low number of examined subjects, the results of our study should be treated with caution. However we cannot expect that in the future any psychological research on Sybiracs will be carried out on a large scale. The biggest part of Sybiracs passed away. Those who remain alive are often not in a good enough condition to take part in painful and tiring interviews.

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