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Mental Health and Well-being in Comparison between East and West Germany: A Literature and Data Overview

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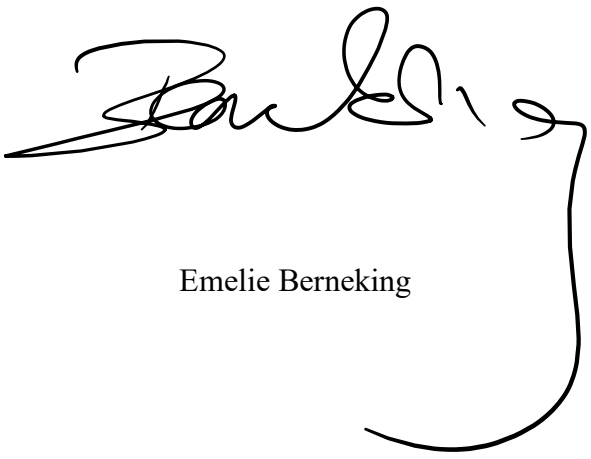
Declaration of Authorship

I hereby declare that I am the sole author of this thesis and that all sources and authorships but myself have been cited as such. This work is my own and has not been used in this or any other institution for any academic purpose.



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Abstract

Since the wall separating East and West Germany fell in November 1989, Germany has officially been reunited in one republic. The two pre-existing systems were so inherently different, if not even opposites, that the assimilation of the East German system to the one of the West following the reunification, turned out to be as complex as it was challenging. It is a still ongoing process, regarding the fact that there are disparities to this day, like the difference in health for example. This disparity in health refers to observed differences in mental health of citizens of former East and West Germany, even though united now, still remain split in this aspect for instance.

The aim of my thesis is to determine what exactly this disparity in mental health and well-being between East and West Germany entails, why it exists and what it is correlated to, given studies conducted on mental health and well-being in Germany over the past thirty years.

Key Words: East and West Germany, Mental Health, Mental Well-being, Reunification, Health Disparity, Medical Sociology

Content

Abbreviation System

FRG	Federal Republic of Germany
GDR	German Democratic Republic
DIW Berlin	German Institute for Economic Research
SOEP	Socio-Economic Panel (part of the DIW Berlin)
RKI	Robert Koch Institute

Introduction

When the Berlin Wall fell on November 9th, 1989, it brought an end to more than forty years of German division into the Eastern and the Western Bloc. The respective systems were inherently as different as night and day, socialism and capitalism. The Federal Republic of Germany (FRG) formed from the territories of the Western alliances after World War II, in the East the German Democratic Republic (GDR) emerged as part of the Eastern Bloc allied to the Soviet Union. These fundamentally different systems were fused into one united Germany after the fall of the Berlin Wall, adopting the political, economic, and social systems of the West, including healthcare, for both parts of the country. In essence, this process entailed the absorption of the GDR by the FRG. The federal states that had made up the GDR became part of the FRG as "new" states; all parts of the socialist system in the East were abandoned and officially integrated into the capitalist system of the West. This is how the reunified Germany emerged from 1989 onwards.

The topic I chose remains relevant in Germany because the consequences of the division are still tangible in different aspects of both the micro- and macro-level of life, be it in day-to-day supermarket trips or national politics. (Berdahl, 1999; Petrunyk and Pfeifer, 2015) The time before the Wall fell still plays a role nowadays in its retrospective effect on people and their lives. Whether it is in offhand stories or casual remarks people throw around or serious differences in poverty and employment rate, the differences in mental health and well-being in comparison between East and West Germany are visible to this day. The life satisfaction in East Germany is significantly lower, and its suicide rate visibly higher tracing the period since the reunification up to 2019 compared to former West Germany. (Grigoriev and Pechholdová, 2017; Müller-Pein, 2021)

In my thesis I will compare the statistics and data available as indicators for mental health and well-being between East and West and analyse and determine the specific differences, similarities or changes we can trace over the last thirty years.

In the medical aspect specifically, the disparity of both physical and mental health and well-being became visible with the fusion of the two nations. (Pfeifer and Petrunyk, 2015) Two different health systems clashed; paired with regional differences, for instance the fact that former Eastern states are more rural compared to the Western ones, and regional distribution of poverty, a divergence in health between East and West German citizens

emerged. Traceable over the last thirty years, the disparity still exists today as new studies show; lower life span, less life satisfaction, and other factors among East Germans. (Berres, Meyer and Stotz, 2019; Pfeifer and Petrunyk, 2015)

As part of my thesis, I will analyse these differences and their reasons. My focus will be on the following questions:

What exactly are the differences in mental health and well-being in comparison between East and West Germany as observed in studies?

What factors (in the three categories defined by the Robert Koch Institute) cause the difference in mental health and well-being between East and West Germany as observed in studies and to what extent/in what way?

Analysing the developments of the last thirty years in this regard, what is the current trend in development (disparities being bridged, becoming smaller/bigger for example?)

What are inherent differences between how people from the East and the West approach and deal with mental health and well-being, and how does it affect the disparity in mental health and well-being as seen in the data of the studies conducted?

The aim of my thesis paper is to determine what exactly this disparity in mental health and well-being between East and West Germany entails, why it exists and what it is correlated to, given studies conducted on mental health and well-being in Germany over the past thirty years.

Theoretical Chapter

Medical Sociology

Regarding the theoretical aspect of my thesis, I am working with the framework of the book "A Sociology of Mental Health and Illness" (2014, fifth edition) by Anne Rogers and David Pilgrim, specifically through the lens of social realism, the viewpoint adapted by the authors. The book itself will be my overarching framework of definitions and sociological theory in medical matters, social realism the angle and framework for my research questions. Shortly defined, social realism describes the lens applied in medical sociology of when material and social reality are seen to shape human action in certain ways, it is not deterministic though. At the core of its focus of analysis lies the causes for human normative or non-normative behaviour; these causes can be biological, environmental or individual all the same. In that sense it embodies a holistic approach to mental health and illness. (Pilgrim and Rogers, 2014) Simultaneously, I will be referring to "Mental Health, Social Mirror" (2007), edited by Avison, McLeod and Pescosolido.

According to Avison, McLeod and Pescosolido (2007), medical sociology specialising in mental health and illness mainly relies on social theory, less than its own paradigms though this process has been somewhat expanded by the field producing and narrowing down its own body of knowledge over time.

The clinical approaches in mental health and illness are comprised of psychiatry, psychoanalysis, and psychology, out of which psychiatry is the most popular one.

For the majority of the last century, the biomedical approach of psychiatry, with its roots on the level of molecular biology, was used as the main system of reference for medical sociology. Its predecessor, psychoanalysis, did include certain modes of social causation to mental health and illness, predominantly trauma in childhood and family relations; a view psychiatry departed from more and more over time and defined itself by. Neither of these two models (condensing them into the mainstream of their perspectives, disregarding branch models derived from them) considers social effects on a grander scale to impact the individual's mental health and/or illness (Avison, McLeod and Pescosolido, 2007). In the biomedical approach, mental phenomena are solely traced back to the biochemistry of the brain. For example, researchers would determine the cause of depression in chemical

imbalances in the brain, rather than including social factors the patient is affected by. Naturally, this reasoning can tend to exclude sociology as connected to medicine and mental health and neglect effects our environment has on people's mental state, health and illness. This so-called illness framework puts emphasis on treating mental issues or disorders on a biological level; while it does not necessarily exclude sociological factors from causing/contributing to said issue or disorder, the treatment of psychiatry proceeds purely on the biological level. (Avison, McLeod and Pescosolido, 2007; Pilgrim and Rogers, 2014) For reasons like this, classic psychiatry received plenty of criticism; one of its core issues being that "it deals, in the main, with symptoms, not signs. That is, the judgements made about whether or not a person is mentally ill or healthy focus mainly (and often singularly) on the person's communications." (Pilgrim and Rogers, 2014, p. 2)

In his 1977 article "The Need for a New Medical Model: A Challenge for Biomedicine", George Engel, an American psychiatrist, emphasizes the urgency of addressing what he calls a crisis of psychiatry, rooted in its "adherence to a model no longer adequate for the scientific tasks and social responsibilities of either medicine or psychiatry." (Engel, 2012, p. 377) The biomedical model of popular psychiatry, in his eyes, has two faults: following reductionism and body-mind dualism. For these reasons, a number of professionals and academics has departed from the classic model of psychiatry and gone into more holistic ways of explaining and negotiating mental health and illness. (Engel, 2012)

In all the aforementioned models, there are advantages and disadvantages to every approach individually, mostly in how to define stable variables of health and illness, of what is perceived in the frame of normalcy and deviation and the awareness of this frame being necessary in light of establishing functional approaches to mental health. "This implies the need for context specific formulations, rather than the de-contextualized diagnoses favoured by biological psychiatry, of this sort: 'Why is this person presenting with this particular problem or complaint at this point in their life?'" (Pilgrim and Rogers, 2014, p. 7) Within the field of mental health and illness, the discussion of how to interpret and measure symptoms is surrounded by uncertainty. Since the terms themselves in their definition and categories are socially constructed in describing a state outside of the normative, their boundaries can be blurry and vague and the measurements/standards for mental conditions are not universal in themselves. Therefore, for all models, the factor of social relativism is to be taken into consideration. (Pilgrim and Rogers, 2014)

Based on these explanations and the criticism the classic clinical approaches in mental health and illness received, more and more complex models and perspectives have developed over time since the 80s, taking multiple factors into consideration for data analysis on health inequality. As Avison, McLeod and Pescosolido determine in their book, C.W. Mills' work influenced the field deeply, asserting that personal mental issues are deeply and inevitably intertwined with issues in a social context. (Avison, McLeod and Pescosolido, 2007) "An understanding of mental health in society implicates the interaction of social structure and personal agency: it is a both/and not an either/or form of analysis. It requires notions of social capital, personal identity and the situated actions and decisions made by individuals, when exploring health inequalities in the structural context of a material gradient of wealth and power, associated with class membership. A lack of 'social capital' refers to 'features of social life-networks, norms and trust that enable participants to act together more effectively to pursue shared objectives' (Putnam, cited in Wilkinson 1996: 221) It implies that the quality of social relationships and, most importantly, our perceptions of where we are relative to others in the social structure, are likely to be important psycho-social mediators in the cause of inequalities in health." (Wilkinson, 1996, cited in Pilgrim and Rogers, 2014, p. 23) In today's field of medical sociology, multiple perspectives clash and/or add to each other. A common consensus nowadays lies in acknowledging both the internal and external worlds of patients; of incorporating and analysing both the individual in themselves and their environment, including the societal factors they are surrounded by, and combining them in a coherent whole. This can take different forms in different perspectives. (Pilgrim and Rogers, 2014)

In medical sociology, there are four models applied to mental health popular over different time periods, less chronologically clear-cut than interdisciplinary and overlapping in time and place. These four perspectives are comprised of social causation, hermeneutics, social constructivism, and social realism. (Pilgrim and Rogers, 2014)

Social causation

Social causation describes the approach of connecting social stress and reasons with mental health and illness. Diagnoses are seen as real, as facts, and need to be traced back to the point of where illness and social factors meet. The perspective of social causation focuses on the relationship of the two factors in this sense, how social disadvantages, including but

not limited to poverty and lower social class status, and mental illness correlates. (Avison, McLeod and Pescosolido, 2007; Pilgrim and Rogers, 2014)

Hermeneutics

The emphasis in hermeneutics lies in interpretation. Its focus includes interpreting social interactions, symbolism and the psychology of said social interactions in their context and environment. Symbolic interactionism and writers like Weber, Freud and Sartre had a substantial influence on hermeneutics as a science and as a discipline. (Pilgrim and Rogers, 2014)

Social constructivism

Social constructivism, or sometimes called social constructionism, argues that reality does not exist as an objective stable external object of sorts but that it was and is created of human activity. “In this broad sense all versions of social constructivism can be identified as a reaction against positivism and naïve realism:” (Pilgrim and Rogers, 2014, p. 11) Though partly contradictory in itself in its subversions, these factors stay illuminated throughout all of them: the critical approach to reality as an objective matter, the emphasis on human activity creating or contributing to it and lastly, the role of power relations playing into said human activity making up our perceived reality. (Pilgrim and Rogers, 2014)

Three subversions of social constructivism were defined by Brown in a 1995 article: Firstly, a concept mainly focused on how social phenomena are defined by social forces, not on the social reality or phenomena themselves. “In particular, the lived experience of social actors, those inside deviant communities or those working with and labelling them, are the focus of sociological investigation. The social problems emphasis, which gave rise to this version of social constructivism, has been associated, like societal reaction theory, with methodologies linked to symbolic interactionism and ethnomethodology.” (Pilgrim and Rogers, 2014, p. 11) The second version of social constructivism is founded on Foucault’s work on post-structuralism and the idea of deconstructing concepts, like language, to put emphasis on analysing the role of knowledge in power dynamics and reality, and the ties

between said factors. The third and last approach Brown defines is concerned with "understanding the production of scientific knowledge and the pursuit of individual and collective professional interests (Latour 1987). This science-in-action version of sociology is concerned with the illumination of interest work." (Pilgrim and Rogers, 2014, p. 12). Its main focus lies in the analysis of professionals and how they behave and move through the field of mental health and illness, how facts and diagnoses are used, how the professional network is created and maintained. (Pilgrim and Rogers, 2014)

Social realism

Social realism, in philosophical theory also called critical realism, holds that reality does exist per definition. It "attends to conscious action or agency and is critical of methodological individualism." (Pilgrim and Rogers, 2014, p. 13) Its view of reality perceives human activity and reality as intertwined, shaping each other and reality in their back-and-forth interaction. Society and its material conditions do influence human action and are influenced by it in turn when people become active agents in either reproducing or transforming society in turn. "Material reality (the biological substrate of actors and the material conditions of their social context) *constrains* action but does not simply determine it. Social science and natural science warrant different methodologies and social phenomena cannot be reduced to natural phenomena, even though the latter may exert an influence on the former and are a precondition of their existence." (Pilgrim and Rogers, 2014, p. 13)

Aside from perspectives of social causation, these models of medical sociology prioritize the focus on criticizing and problematising the biomedical diagnostic approach of classic psychiatry. While the point and mode of analysing differs in between the models, an overlap can be found in their emphasis on social factors impacting mental health. (Pilgrim and Rogers, 2014)

In terms of the *why*, why mental illness/low mental health and societal factors for instance low class status and poverty are connected, there are two theories concerned with this question. Firstly, the "drift" hypothesis states that people with mental illnesses are more likely to lose in social capital and upward mobility, quite literally drifting into poorer neighbourhoods and into the lower social classes, not being able to upkeep their performance

and role in higher social strata. Secondly, the “opportunity and stress” hypothesis suggests the key factor as lying in people growing up socially disadvantaged; because of their lower social stratum they are more likely to experience detrimental stress and less likely to process and cope with it as well as people from higher social classes. (Pilgrim and Rogers, 2014) The debate of these two viewpoints reflects the nature-versus-nurture conflict; research showing evidence for either hypothesis and the added perspective of both playing into each other, both being intertwined and true displays a third possibility. What is proven though, is the fact that societal factor and mental health and illness are related and somehow influenced by each other. Studies found that “in all social classes, the greater the number of life events, both positive and negative, the greater the probability of psychiatric symptoms appearing. But non-lower class people experienced a greater proportion of positive events and this led to them being buffered from symptom formation more than lower class people.” (Pilgrim and Rogers, 2014, p. 27)

Framework in Regard to Previously Conducted Studies

Today, it is commonly acknowledged and established in medical sociology that societal factors on mental health, poverty, class struggles, race, exploitation of the labour market for instance, weigh into the issue of mental health and illness detrimentally.

Marx' writing on the role of capitalism contributing to poor mental health by alienation and by systematically preventing meaningful subjectivity and relationships to unfold in a way beneficial to the individual's mental health, is influential to the field of sociology, including medical sociology, to this day. (Avison, McLeod and Pescosolido, 2007)

"While Marx focused on unequal economic relationships, these relationships shape all other types of social interaction. The major psychological consequence of inequality is the widespread alienation of humans not only from the products they produce but also from the natural world, other people, and their own human nature […]." (Avison, McLeod and Pescosolido, 2007, p. 77)

As Pilgrim and Roger state, nowadays capitalism is proven to be a system causing detrimental effects on the human psyche, accelerating stress, anxiety and disorders resulting from these factors. It directly ties into the aforementioned effects of the environment on the human psyche, taking the struggle of lower social strata and poverty with mental illness to the extreme by adding material insecurity, individualism/social isolation and a heavy emphasis on social capital and social and material success. Simultaneously, its need for a mass labour force and the resulting exploitation of the working class led to social rigidity instead of upward mobility. (Pilgrim and Rogers, 2014)

Specifically for post-socialist countries formerly part of the Soviet Union, the adjustment to capitalist structures turned out to harbour specific difficulties both tied to the adaption itself and the previously existing Soviet structures. While East Germany is not included in the studies I am referencing here, former countries of the Eastern Bloc have been analysed in their health systems and their transition to capitalism. By the emphasis on individualism and competitiveness in the framework of individualism connected to materialism, reconciling the values of socialism and reconstructing one's life within this change of almost opposite structures posed a challenge on the individual and societal level of former socialist countries. (Dlouhy, 2014; Petrea, 2012; Rechel, Richardson and McKee, 2014; Zeira, 2021) In all of them, the common overlap in their conclusion lies in how the

totalitarian past of these countries shapes their mental health systems to this day. This shadow includes the stigmatisation of mental illness and disabilities and underfunding of the mental health sector for example. Even though after the fall of communist regimes in Central and Eastern Europe and Western Asia, reforms of the health system were attempted many times, its effects are still felt economically and socially. Human rights were pushed for by international NGOs and institutions like the World Health Organization, specifically in regard to people with mental illnesses and disabilities. While there are differences in between these countries, the common denominator lies in their disparity to Western, or specifically West European countries. Suicide rates for example are comparatively higher in countries who were formerly part of the Soviet Union. (Petrea, 2012) A general conclusion is that for most of the analysed countries, effort has been put into changing their mental health system, both from national and international organizations and reforms, not necessarily successful though, a disparity to West European countries traceable. (Dlouhy, 2014; Petrea 2012; Rechel, Richardson and McKee, 2014)

Literature Review

Theory

I decided on using the textbook "A Sociology of Mental Health and Illness" (2014, fifth edition) by Anne Rogers and David Pilgrim as determining my main theoretical framework to have as objective of a source as possible. To have a guideline of researching medical sociology as a field using a general textbook felt most reasonable, most relevant in categorizing what information would be relevant for me to use. One of the key figures in medical sociology, Bernice Pescosolido, reviewed the book as a "comprehensive, readable and elegant overview of how social factors shape the onset and response to mental health and mental illness." (Pilgrim and Rogers, 2014, under *Praise for this book*) The authors themselves are known for their work in the field of medical sociology.

Anne Rogers is an Emeritus Professor of Sociology. She has contributed to the field in teaching and research, advancing research for qualitative health studies. Over the course of her career, she has written several works on different aspects of mental health and illness.

David Pilgrim is an Honorary Professor also active in the field of medical sociology, of Health and Social Policy. His background is from the clinical perspective, he holds a degree of clinical psychology as well as sociology. In this overlap, he has published the majority of his works, including the textbook I am referencing.

The authors' stance of social realism, advocating for the expansion of the view of classic psychiatry or social causation by including sociological factors in their framework of analysing and problematising mental health and illness, is biased to the extent that every academic in the field endorses their own view. Their focus lies on how structural forces and factors influence individuals in mental health and illness, for instance, gender, race, age, political systems and economics. (Pilgrim and Rogers, 2014) This proved to be immensely helpful for my work, because my focus will be regarding both external and internal factors playing into mental health data in comparison between East and West Germany.

In their overview over different perspectives and subbranches of the field of medical sociology, Rogers and Pilgrim mention several scholars who contributed to the diversity of focus points within the field. One of these examples I decided to reference is George Engel's work, the founder of the biopsychosocial model. In his critique of classic psychiatry, he

emphasizes the importance of acknowledging that models are not scientific by definition but attempts at explaining and categorizing what is perceived as normative and non-normative. The more something derives from this perception of the social norm, the more the need is felt to explain said phenomena. Mental illnesses are an example of this. Engel stresses the danger of models becoming dogmas, incorporating beliefs and distortion in order for the world to fit the system of classification. In his eyes, this is what happened in the case of classic psychiatry. (Engel, 2012) I chose to include his article of criticizing psychiatry to eliminate reductionism from my framework. While I am forced to exclude certain aspects from the analysis, I do believe it to be crucial to include the sociological factors I can, to paint as coherent of a picture as possible in this regard.

As a second source of medical sociological theory, I chose "Mental Health, Social Mirror" (2007), edited by Avison, McLeod and Pescosolido. Their work in the field, individually or in cooperation with other scholars, has been influential to the body of knowledge that is considered medical sociology. Pescosolido, like mentioned above, is regarded as one of the key figures of contemporary medical sociology, Avison is an Emeritus Professor of Sociology, with a range of honorary titles and honours. McLeod, also a Professor of Sociology, has done plenty of research regarding medical sociology, such as the other two editors.

Their textbook is comprised of a wide selection of topics relevant for the field of medical sociology, mapping an overview of the field including its past, presence and possibilities for the future. The book encapsulates classical sociological theory, such as Durkheim and Marx, in combination with research findings embedded in several different approaches utilized by different authors, combining evolutionary theory and research with said classical works for example. (Avison, McLeod and Pescosolido, 2007)

That being said, I intended on using theoretical sources reflecting the sheer scope of what medical sociology entails and encapsulates as a field, to give as coherent of an overview as possible, using scholars as sources who left an imprint on said field.

Studies On Former Soviet Countries

The studies included in the theoretical framework focus on the aftermath of communism and socialism in former Soviet countries, like Azerbaijan, the Ukraine or Belarus.

While East Germany might be a special case in its history and being split apart from half of its own country, the studies emphasize the hardships innate to countries transitioning from the socialist or communist system of the Soviet Union to capitalism, a transition that East Germany had to undergo as well. I will include three specific studies in my work. Firstly, I am focusing on "Mental health policy in Eastern Europe: a comparative analysis of seven mental health systems" conducted by Martin Dlouhy, a sociologist located in Prague. The countries whose data he analyses are comprised of Bulgaria, the Czech Republic, Hungary, Moldova, Poland, Romania and Slovakia. (Dlouhy, 2014)

Secondly, I will examine the study "Analysing post-Soviet health systems" by Bernd Rechel, a German sociologist, Erica Richardson, an honorary Associate Professor at the London School of Hygiene and Tropical Medicine and a member of the European Health Observatory on Health Systems and Policies, and Martin McKee, professor of European public health at the London School of Hygiene and Tropical Medicine. (Rechel, Richardson and McKee, 2014) Lastly, I will include the paper "Mental Health in Former Soviet Countries: From Past Legacies to Modern Practices" by Ionela Petrea, Doctor of Philosophy in medicine who worked for the World Health Organization for several years. (Petrea, 2012)

For all of them, I will not be able to incorporate every aspect that is given in their analysis of the issue, since it would require much more space to put the entire framework used by the authors on my thesis, but parts of their findings proved to be very useful in my research of building a theoretical framework. Petrea (2012) concluded that post-Soviet countries have higher suicide rates than Western European countries without a socialist past, and that the help available for psychiatric patients is comparatively low; resources for mental health like the number of hospital beds for mental health patients are less in comparison. This ties in with Dlouhy (2014), determining the budget reserved for the mental health sector is lower than in Western European countries, and that this budget usually is subtracted from the financial resources for general/physical health, instead of being separately funded by the state. Overall, all three studies state a general development of progress in post-Soviet health systems after the fall of communism, though also all three of them emphasize the difficulties

and lengthiness of said process. While improvements in managing mental health did occur, either on a state-level basis or in smaller NGOs forming throughout the countries (like in Czech Republic and Poland), disparities are still visible to this day. (Dlouhy, 2014; Rechel, Richardson and McKee, 2014; Petrea, 2012) Dlouhy ultimately states, “One important observation is that the totalitarian past has a longer future than it was initially expected.” (Dlouhy, 2014, p. 7)

History of the two Germanies

The Third Reich officially surrendered in May 1945, bringing an end to the horrors of World War II. The Allies – the United Kingdom, the United States of America, France, and the Soviet Union – decided to divide the country and Berlin in itself into four occupation zones. (*1945: Kriegsende und Neuanfang*, no date) On June 5th, 1945, The Berlin Declaration was signed by representatives of all four Allied nations, stating that "The Governments of the United States of America, the Union of Soviet Socialist Republics and the United Kingdom, and the Provisional Government of the French Republic, hereby assume supreme authority with respect to Germany, including all the powers possessed by the German Government, the High Command and any state, municipal, or local government or authority. The assumption, for the purposes stated above, of the said authority and powers does not affect the annexation of Germany." (Yale Law School Lillian Goldman Law Library, no date) Differences between the four Allies led to a rift, mainly between the Soviet Union and the Western powers. (*Die Bundesregierung - Archiv*, no date a) Originally, the goal was for German to stay united as one state, a plan that was abandoned in 1947, when Great Britain and the US decided to form a West Germany separate from the occupation zone of the Soviet Union. In 1948, the alliance of a four-part government crumbles definitively. (Die Bundesregierung - Archiv, no date b) Precursors of both Germanies existed in parts from 1947 on throughout the process of distancing themselves; two years later, in 1949, it was made final, the Federal Republic of Germany (FRG) in the West and the German Democratic Republic (GDR) in the East. During this time, the conflict between The West and the Soviet Union heightened with the climax of the first phase of the Cold War: the Berlin Blockade. From June 1947 to May 1948, Soviets blocked West Berlin's supply by the Western Allies who in turn started providing the city with supplies via planes, the Berlin Airlift. After the blockade came to an end in 1948 because the expected effect was sabotaged by the Airlift, the situation stayed tense nevertheless, the two Germanies distancing themselves further and further from each other in stance, system and values; the differences became more clear-cut. (Die Bundesregierung - Archiv, no date b) Another consequence of the Airlift in Germany turned out to be how West Germans would from this time on perceive the Western Allies less as occupiers rather than liberators; an anti-communist mindset set root and spread amongst people in the West who started to perceive the Soviet Union as the real enemy now. (Dittberner, 2006, p. 92) With the Marshall plan coming into effect, West Germany's economy recovered considerably quickly also through the introduction of social market

economy. Its political system became a parliamentary democracy, modelled after the example of the Western powers. In the East, the Soviet Union implemented planned economy and focused on starting rearmament; the citizens of GDR grew increasingly frustrated with the political situation and slowed down rebuilding of structures that did not provide progress and stability they were desperate to see after World War II. This frustration and dissatisfaction led to protests and demonstration that grew in size and number until on June 17th, 1953, until they were crushed violently by the regime, the Socialist Unity Party of Germany, short SED. In the following years, more and more people fled the East to work and live in West Germany. (Die Bundesregierung - Archiv, no date c)

To prevent a dramatic decrease in population, the government of the GDR decided to arrange the construction of the Berlin Wall in August 1961. Overnight, families and friends were separated, the two Germanies in Berlin physically torn apart by the wall for almost thirty years. The rest of the 60s was shaped by a continuous distancing from the side of the SED regime and a just as continuous time without any sign of compromising or bridging the distances until the end of the 60s. (Die Bundesregierung - Archiv, no date c)

Before the reunification, the politics of the system had opposite goals; the FRG working towards an eventual reunification of the two Germanies, while GDR was focused on keeping the separation and the border up to ensure its own existence.

In 1971, the agreement of Berlin and the bilateral transit agreement led to more relaxed relations and to both nations becoming part of the UN in 1973. This was a two-sided development for the GDR; “Rather, the leadership in East Berlin had to realise, not without reason, a considerable existential threat precisely in the fact that this opening was inevitably associated with political, ideological and cultural seeping influences from the ‘class enemy’.” (BPB) With this development, the government of East Germany decided to focus on and strengthen its delimitation from FRG and said Western influences. Part of this became what would be the infamous surveillance of citizens by the regime’s secret police, the so-called Stasi (an abbreviation of state security in German) to maintain the authority of the state. Several mechanisms put in place, ranging from subtle repression to psychological terror. (Heydemann and Bundeszentrale für politische Bildung, 2002)

In the 1980s, Mikhail Gorbachev’s politics of reforming the Soviet Union resulted in newfound hope for the citizens of East Germany after a feeling of frustration and stagnation had spread in the masses because of the style of leadership of the SED and the CPSU before

Gorbachev became its president later. (Heydemann and Bundeszentrale für politische Bildung, 2002)

This was amplified by the reaction of the East German government itself, responding with hesitance and resistance to potential changes initiated by Gorbachev's reform. This reaction was rooted in their obvious interest of continuing to secure the party's monopoly on power. The government found itself in a dilemma of needing to distance from the Soviet Union after they had propagated the superiority of the Soviet system for, and the fact that the people could sense said dilemma and resistance; the SED's credibility and legitimacy was determined to crumble with either option: resistance or conformity with the new reforms. (Heydemann and Bundeszentrale für politische Bildung, 2002)

At the same time, Western influences were available to citizens of the GDR via television and radio channels, resulting in a one-dimensional image of the FRG as both what East Germans wished for, and what they compared their own life to and in that sense competed with in an unrealistic race of opposing life standards. At the same time, the majority of East Germans did feel a loyalty towards the system they were part of, less towards the actual government but in the values that were emphasized and that they believed in. What formed the foundation of this belief were factors like job security, low prices of basic necessities and free health care much more so than successful indoctrination and oppression by the party. (Heydemann and Bundeszentrale für politische Bildung, 2002)

Simultaneously to the beforementioned factors, the economy of the GDR suffered immensely in the 80s, leading to mass unemployment and factories standing still for hours a day. Frustration, pessimism, and hopelessness regarding the future caused protests, amplified by electoral fraud committed by the SED exposed in May 1989. Other countries of the Soviet bloc like Hungary accepted Gorbachev's reforms and loosened their restrictions, making it possible for citizens of GDR to flee in masses. In summer of 1989, more than 50.000 people left the country this way. In September 1989, protests were rising calling for reforms to take place, the so-called Montagsdemonstrationen, Monday demonstrations, gaining in numbers and power and protests during the state celebrations of the 40th anniversary of GDR on October 7th, 1989. (Bundeszentrale für politische Bildung, 2020) Eleven days later, the Chairman of the State Council, Erich Honecker, officially resigned after 18 years of holding office. His successor had no more than one month in power; the wall finally fell on November 9th. The internal pressure had become too much, the government's hand was forced into giving into opening East Germany's borders, the immediate opening of all

borders to West Germany was an accident of a party member though, who declared on live television the new regulations would be in effect right away, instead of later on, step by step, like originally intended. (Bundeszentrale für politische Bildung, 2020)

The German border had opened after decades of separation, an event received with surprise, shock, joy, enthusiasm. Friends and families were reunited, East Germans could experience the West, some for the first time in their lives. The aforementioned one-dimensional image of life in the West that was portrayed through radio and television led to a West shock, a culture shock quite literally of how different the West was from life in the GDR and from people's image of what it would be like. (Heydemann and Bundeszentrale für politische Bildung, 2002)

In March 1990, citizens of the GDR could elect freely their new parliament, setting course for a time of a rapid reunification, properly starting July 1st of the same years, when the state treaty on economic, currency and social union came into effect. This treaty officially decided the system of the GDR would adopt the West German one in every way, sealing its absorption and vanishing by the FRG. This included but was not limited to social market economy being introduced to the East, taking over of West German insurances, and expropriation and privatisation of previously GDR-owned factories and businesses. The sheer rapidness of this process came at a cost; it entailed major issues of rising joblessness in the "new" federal states, as the formerly East German regions were now called. On September 12th, 1990, the Treaty on the Final Settlement with Respect to Germany, or the Two Plus Four Agreement, was signed to confirm the union of the two German states and restore German sovereignty for the first time after the occupation by the Allies at the end of World War II. It essentially formed a compromise of the Allies giving up rights over German land while the new German state in turn sealed the promise to give up any claims to regions of other countries and keep its military power reduced. 3rd of October, 1990, became the official day of German reunification after the former GDR and FRG agreed to fuse their states into one united Germany. (Bundeszentrale für politische Bildung, 2020)

For the people, specifically of East Germany, the reunification brought a light of hope after a decade of frustration. This hope soon gave way to a new frustration though; the system of the West was one of high risks and flaws just as the GDR had its own. Adapting to this system in no time, mass unemployment, expropriation all diminished the imagined paradise on earth the system of the West should bring East German citizens. (Farin and

Bundeszentrale für politische Bildung, 2010) Naturally, this disillusion was difficult to process and explain to themselves.

"Three models offered themselves: They could blame themselves, the East German mismanagement, as the politicians of the West preferred to do. They could blame the new capitalist system, which emphasised performance and competition. Some did that and got involved in alliances or parties critical of capitalism. Or they could find other scapegoats, even weaker than they were, and try to upgrade themselves simultaneously, to put themselves on par with the West Germans." (Farin and Bundeszentrale für politische Bildung, 2010)

The third option was the most common, and its consequence was blatant, hateful racism. It claimed victims like Amadeu Antonio Kiowa, a contract worker who came to GDR for work, was beaten to death in 1990 by radicalised neo-Nazis while the police was present. His case is officially regarded as the first known murder motivated by racist motives after Germany was reunited. (Amadeu Antonio Stiftung, no date) Xenophobia and racism spread like a wildfire, a sign of the powerless anger and fear amongst citizens misdirected and fuelled and weaponized by the media and politicians. In 1990, the number of crimes committed out of racist motives amounts to 178, while in 1992 1485 are documented, stating a rise of more than 700%. Discussions about whether Germany should be a country of immigration emerge at this time, a controversial issue of inner political importance. (Farin und Bundeszentrale für politische Bildung, 2010)

Plans of rebuilding or building structures anew in the East take shape during the 90s, the goal being to catch up economically with the West. In 1994, the Soviet Army was drawn from East German regions, the Western Allie reducing their troops as well. The process of East and West growing into one system in every aspect proves to be more difficult and complex in practice than on paper. Differences in the two systems before the reunification and the process of the reunification itself all played into and effected how over the past thirty years, Germany grew together as a whole in some aspects and remained divided in others. (Würz and Stiftung Deutsches Historisches Museum Stiftung Haus Der Geschichte Der Bundesrepublik, no date)

Methodology

I chose to focus on a topic related to Germany for multiple reasons, for instance speaking the language natively so I can access local sources and data without needing to rely on translation to avoid distortions through impreciseness. Specifically recent German history seemed to me to be a good choice since it is very familiar to me; my grandparents spent most of their lives living in the system of East Germany, my parents grew up in it. Mental health and well-being in particular are an aspect of the reunification that has been studied to an extent, but in a way that feels like it could be more emphasized, even parts of the data I am using has its focus more on Germany as a whole, I extract the data from the East and the West for comparison from it. For those reasons, I want to focus on the following questions.

Research Questions

What exactly are the differences in mental health and well-being in comparison between East and West Germany as observed in studies?

What factors (in the three categories defined by the Robert Koch Institute) cause the difference in mental health and well-being between East and West Germany as observed in studies and to what extent/in what way?

Analysing the developments of the last thirty years in this regard, what is the current trend in development (disparities being bridged, becoming smaller/bigger for example?)

What are inherent differences between how people from the East and the West approach and deal with mental health and well-being, and how does it affect the disparity in mental health and well-being as seen in the data of the studies conducted?

Definitions

The World Health Organization defines well-being as “a positive state experienced by individuals and societies. Similar to health, it is a resource for daily life and is determined by social, economic and environmental conditions” (World Health Organization, 2021) and

mental health as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." (World Health Organization, n.d.) Mental health conditions, mental illnesses, are defined by the WHO to be "characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning." (World Health Organization, 2022)

Given the global events of the past years, I will exclude the time of 2020 to 2022 from my thesis research. In multiple studies, the effects of COVID-19 and its resulting consequences on society, like extreme lockdowns, are proven to be related to rises in depression and anxiety rates. According to the World Health Organization, over one year within the COVID-19 time, the rates of anxiety disorders rose by 26%, while major depressive disorders showed an increase of 28% globally. (World Health Organization, 2022) The Ukrainian crisis, its escalation in Russia's invasion of Ukraine and ultimately, the Russia-Ukraine War impacted Europe, including Germany, fundamentally. To ensure the data I am using will not be distorted or falsified, I will exclude those years and in conclusion, focus on 2019 as the year of today's data.

In 2021, the Robert Koch Institute published three factors determined to impact mental health and well-being: individual traits and behaviours (f. e. age, alcohol consumption), socio-economic conditions (f. e. income, education), and social-ecological conditions (f. e. region of living, work environment) (Hapke et al, 2021).

Methodological approach

My thesis will be based on secondary literature; archived historical records, analyses and data published by health-oriented institutions and German ministries. I will be combining different material and studies conducted in a way that relates to my research questions in Germany specifically. This approach is certainly limiting in what it allows me to analyse and in what holes and gaps might exist in the material I can access. Simultaneously, it is the best possible way to analyse the state of mental health throughout recent history between East and West Germany, the perspective is too broad and all-encompassing for me to be able to conduct my own study in the framework of a bachelor

thesis. The data I will rely on is predominantly quantitative to get as close to an overview as possible over the factors impacting mental health in comparison between the East and the West. My main sources for secondary data on mental health include the Robert Koch Institute (RKI), "the government's central scientific institution in the field of biomedicine, […] one of the most important bodies for the safeguarding of public health in Germany." (RKI, n.d.), the German Socio-Economic Panel (SOEP), the Ministry of Political Education, and other governmental institutions and ministries. I decided to use these sources for my main research to ensure the data I am using is made available by official, academically recognised sources and not distorted through third parties, it is the most direct way of accessing data I could use.

Conducting a study on secondary data allows me to make use of a vast and varied amount of data already available which covers more information than a single study would provide.

Based on this, my thesis will be a longitudinal comparative case study, since I will chronologically analyse the development of the disparity in mental health and well-being between East and West Germany first at the time of the reunification (using data from 1992, so the immediate whirlwind chaos of the event does not distort the data), at the turn of the new century (the year 2000) and then of today (using data from 2019), mapping out roughly thirty years of a difference in between those three points in time. Thus, it will be secondary analysis tracking the development of East and West Germany converging and/or diverging since the reunification.

Several studies have been conducted since the fall of the Berlin Wall to trace the progress of the two German states transitioning into one. While there exist plenty of academic sources on the process of the material reunification, emphasizing political and economic developments for instance, the research on mental health and well-being in comparison between East and West is comparatively sparse. The majority of mental health and well-being research and data focuses on German-wide comparisons of subregions, the East-West comparison is less prevalent in previously written conclusions and comparison in geographical factors. Physical health comparisons between the two former German states are more common, as are studies on differences in sociological factors weighing into the topic of mental health, illness and well-being.

Given the factors defined by the RKI and their overlap with what it determined in the theory of medical sociology to be factors impacting mental health and well-being, I will analyse the poverty rates, rural and urban geography, income, and rates alcoholism and so-called deaths of despair (deaths by alcoholism, drugs and suicide for instance). Hand in hand with this data, I will investigate the data available for affective disorders, such as depression, suicide rates, for data clarity limited to completed suicide, neurotic, stress and somatoform disorders, such as anxiety. Simultaneously, there is data accessible regarding life satisfaction and happiness in comparison between East and West Germany I will include. Within the framework of social realism, all these factors must be considered in analysing mental health and illness from the perspective of medical sociology. In conclusion, I will draw on both the sociological factors and the medical data to establish a basis on which to answer the research questions of my paper.

Ethical Risks and Limitations

There are no apparent ethical risks in what my methodology opens in information and data collecting. All of my sources are either fully publicly available, accessed via university login or permitted access by Canon Medical Systems Corporation (specifically by the German branch of the company: Canon Medical Systems GmbH) for BinDoc, a site collecting and publishing data of almost all hospitals and medical institutions in Germany for a yearly fee. This process is allowed by all parties involved. Thus, all the data I gather is shared consensually and openly. The majority of all sources is available publicly to everyone.

Limitations create a framework and a lens I cannot change since doing my own study on this would be much above over what would be a bachelor thesis, so what I am given and what material I can use is a rigid factor. Because my thesis relies on studies already made, there are two specific limitations I had to navigate throughout my research and writing process:

1. There are certain gaps I cannot fill in myself working on the basis of secondary data, since like I explained above, conducting my own study would be beyond the scope of this paper, there are factors left unexplored in their impact on mental health in the specific example of Germany.

2. The direction/extent including political direction to which the pre-existing studies go is predetermined in a way that I cannot fully explore links and causations between studies that show data that is potentially linked, but the direction of findings and results is limiting in that sense.

3. It is hard to establish a wholly coherent comparison based on archived data, since some of it is only available for specific timeframes, or only made accessible by different sources. On top of that, the awareness for issues regarding mental health was very different in the 1990s from how it is today; a lot of external factors will inevitably play into the data; points of measurement have changed, like old studies referring to the old European Standard Population. (Angermeyer et al., 2023)

4. Tied to point 3, medical data concerning for instance diagnoses of affective disorders could potentially be vague, because of the factor that there is more psychiatrists and therapists working in West Germany compared to the East, which makes it possible for more diagnoses to take place in the old federal states than in the new ones. (Rommel et al., 2017

Individual Positionality

I acknowledge that my perspective is that of someone who grew up in former East Germany, specifically in East Berlin, and that therefore I am not fully unbiased in my personal view of this issue. While I am aware of this weighing into how I perceive recent German history and today's Germany, I do believe myself to be capable of being as objective as possible in analysing the data and answering my research questions, especially regarding the fact that I am relying exclusively on objective secondary data that cannot be distorted or subjectivised.

Subjectively, while in multiple ways Germany has become coherent and grown back together as a whole, in other ways I could feel differences between the former two systems throughout my life. Maybe less stark than before, certain aspects of the mentalities remained, of people's way of thinking and perceiving the world, of how they were shaped by their experiences relating to this part of German history. Stigmas regarding how people from the other side were seen; East Germans as a little primitive, simple, less well-off, West Germans as posh and arrogant. In my generation, some people make it a point to call themselves East German, as if to reclaim something they or their parents and grandparents were made feel

like less for. Elements of the past are interlaced into how we were brought up, maybe especially in Berlin as a microcosmos of division in itself. It is a topic that remained emotional to this day, prideful, shameful, silent, loud.

This is the very reason I chose this topic as my thesis, it still is just as relevant as thirty years ago. Specifically in the comparison of the state of mental health and illness from when the Berlin Wall fell in 1989 to now, I hope to illuminate to process of the mental health systems fusing, the disparities and similarities apparent in direct opposition between the two points in time and an outlook on possible developments, issues and hopes.

Analysis

Sociological Factors

I will start by analysing the sociological factors since from the perspective of social realism, they shape the frame people are born into, the environment that shapes people and limits them to certain extents. Therefore, chronologically, I will move from these factors first to the medical data emerging from them. In the sociological part of the analysis, I will choose factors the Robert Koch Institute defined to impact mental health and well-being; socio-economic, socio-ecological aspects and individual traits. (Hapke et al., 2021) Specifically, the focus will be on rural versus urban life, the age of the population, alcoholism, income and economic factors, and the desirability of regions in comparison between East and West Germany.

Rural versus urban regions

East German regions tended to be more rural than West German areas after the reunification, a fact that was considered in the reforms aiming for convergence of the disparities between the former two German states. The GDR's system relied more heavily on the agrarian sector than the FRG, and after the state-owned companies were closed and privatised in the years following the reunification, the rural areas were in need of reforms and state support to advance economically. (Radkowski, 2021; RKI 2009)

Nowadays, the rural regions are comparatively more evenly distributed over East and West Germany; they merged into convergence over time after attempts by the government to develop East Germany's rural areas to the level of West Germany's rural regions. Consequently, it has become more of a regional distribution rather than clear differences between the East and the West; while some East German regions are still below the level aspired to by the governmental reforms, it does not demonstrate a very clear East-West divide. (Ewert, 2021)

Over the past thirty years, the general tendency has been for people to move away from the rural areas of East Germany, and into the cities, as seen in the graphic below. This is

simultaneously a general movement of urbanization; as seen in figure 1 there is an increase in population in urban areas and a decrease in rural ones, in East and West Germany alike, though with a more visible decrease in the East. Excluding the urban areas of and around Berlin which show an increase in population numbers (5%-20% in Berlin and 5%-46.5% in parts of Brandenburg), the surrounding federal states of former GDR document decreases in population (-5% to -36.6%), geographically impacting a larger percentage of the overall former East than the regions showing declines in population numbers in the West. In former West Germany, the decreases in population show to be more dispersed into smaller regions, like around Saarbrücken (-5% to -20%) and overall seem to show a more moderate development, with smaller increases and decreases than in the East, in combination to areas of stagnation or slight changes (-5% - 5%). (Bundesinstitut für Bevölkerungsforschung, 2020a; Lampert et al., 2019)

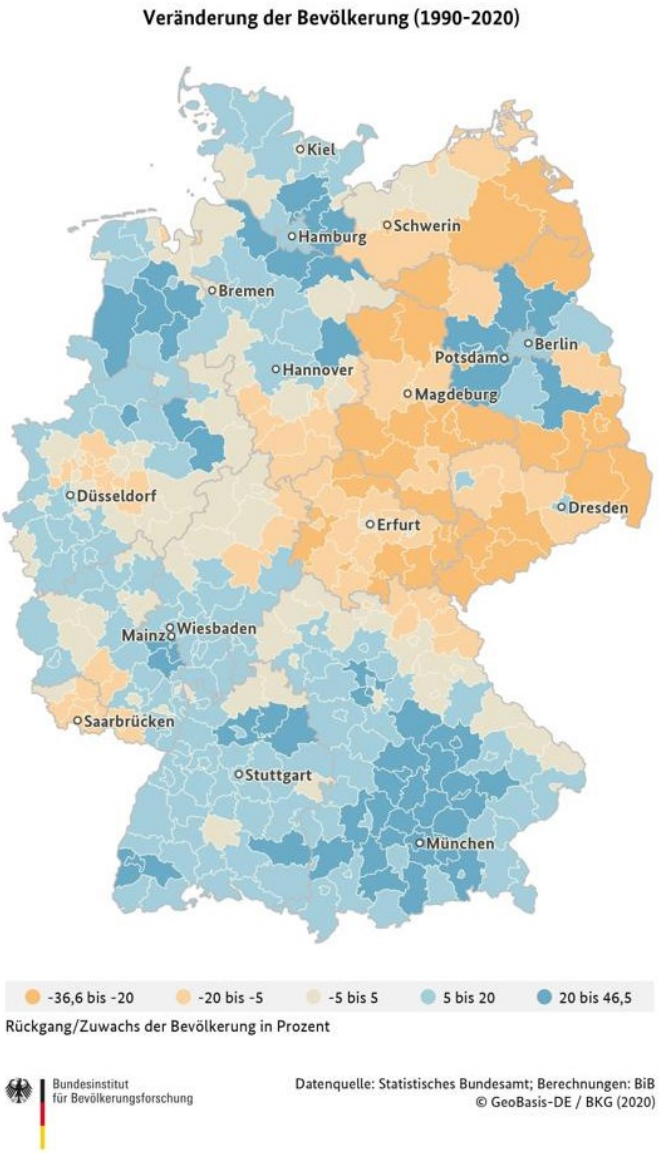

Fig. 1: Changes of the numbers of Germany's population in regions from 1990 to 2020 in increase/decrease percentages (Bundesinstitut für Bevölkerungsforschung, 2020a)

Age of the population

As seen in figure 1 above, the population decrease in East German regions, especially rural ones, is a traceable development of the last thirty years since the reunification. According to the Robert Koch Institute's report to the 30th anniversary of the fall of the Berlin Wall, the East German population is older on average compared to West Germany, with especially younger women emigrating from the East. Though the same report stated that the years leading up to 2019 saw a recent development of young men moving back to the rural areas of East Germany, this also contributes to lowering the birth-rate of the new federal states. (Lampert et al., 2019)

For clarification, although the year on the graphic I am using to demonstrate this age difference in the population over Eastern and Western regions is 2020, it was published using data only before and until the 1st of January though and therefore excludes the time Germany was impacted by COVID-19; the first known case of the virus happened in February. Simultaneously, it demonstrates the same conclusion recorded by the Robert Koch Institute in their 2019 report; an emigration process of young people leaving the new federal states and the resulting decrease of the birth-rate in the affected regions is visible in both sets of data. (Bundesministerium für Bildungsforschung, 2020b; Lampert et al, 2019)

As seen in figure 2, the new federal states, previously part of East Germany, are shown to have an older population on average compared to West German regions. While most of the East German regions' population evidently falls into the category of 46-50.8 years, the average age of the West German areas levels off around 43-45 years with several regions in the category of the lowest age, 40.3-43 years. (Bundesministerium für Bildungsforschung, 2020b)

Generally speaking, the population changes over the past thirty years have been shaped by emigration to the new federal states and urbanization, as a by-product leaving the old federal states with a smaller and older population, while West Germany's population is younger on average and of a higher number.

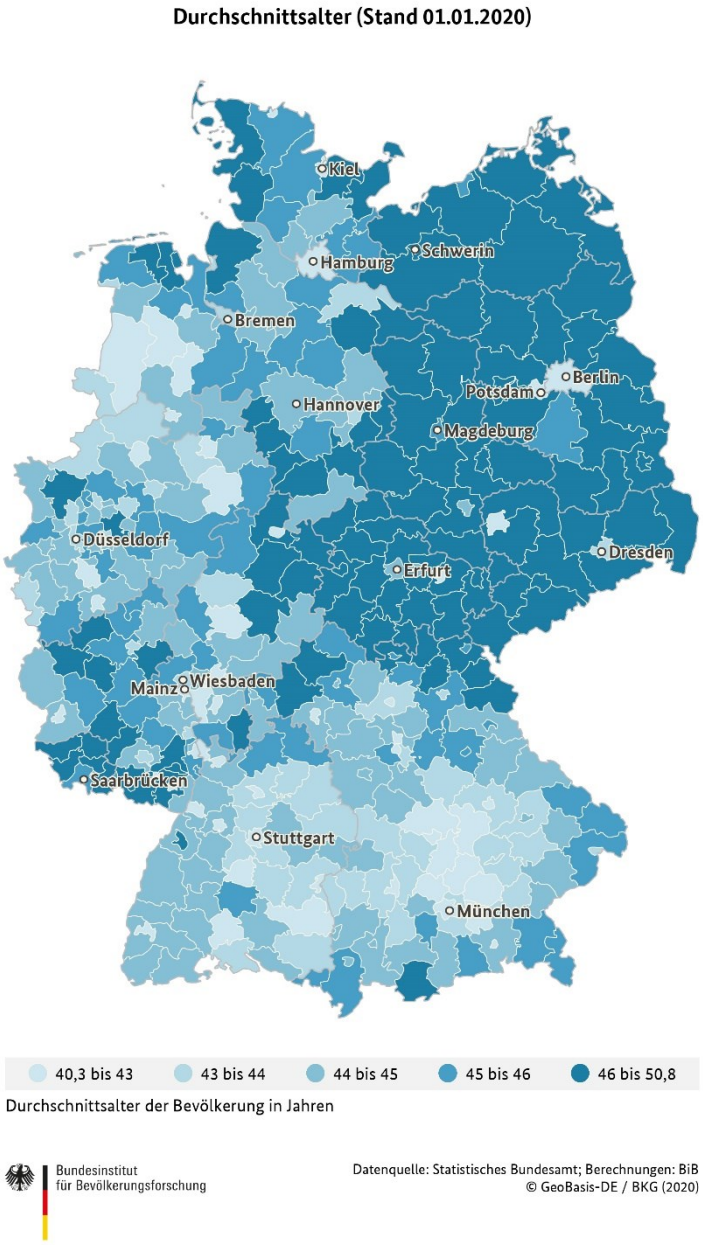

Fig. 2: The average age of the German population in regions, as of 01.01.2020 (Bundesinstitut für Bevölkerungsforschung, 2020b)

Alcoholism

According to publications of the federal medical association in Germany, die Bundesärztekammer, East Germans' living conditions have increased since the reunification, alcoholism and death caused by alcohol are still higher in the new federal states compared to the old ones. (Deutsches Ärzteblatt, 2015) Generally, the rate of deaths of despair in East German men is the highest compared to East German women and West German men and women. Between all four of those rates, East German men ranking highest in deaths of despair compared to the second highest figure of West German men, mark the starkest difference within this data: In 1990 for example, the number of deaths of despair in East German men lies around 155 death cases per 100.000 inhabitants, while the one of West German men can be traced around 84 cases per 100.000 inhabitants. This is a discrepancy of roughly 84.5%. Gradually both of these numbers decrease, as visible in figure 3, though a difference remains: In 2014, the deathrate of East German men nears 80 cases per 100.000 inhabitants, the one of West German men around 50 cases per 100.000 inhabitants. While less stark, the discrepancy here is still 60%. Comparatively, the figure of women from the East is only relatively higher than that of women from the West. What the DIW Berlin, the German Institute for Economic Research, calls deaths of despair, deaths caused by alcohol, drugs and suicide, has sunk over time in both the East and the West, with East German men having the highest deathrate here as well, followed by West German men, in the third place East German women closely followed by West German women, the lowest rate. Alongside the clear difference in gender, a disparity in West and East is traceable. This data is limited to the age group of 50–54-year-olds. (Haan et al., 2019)

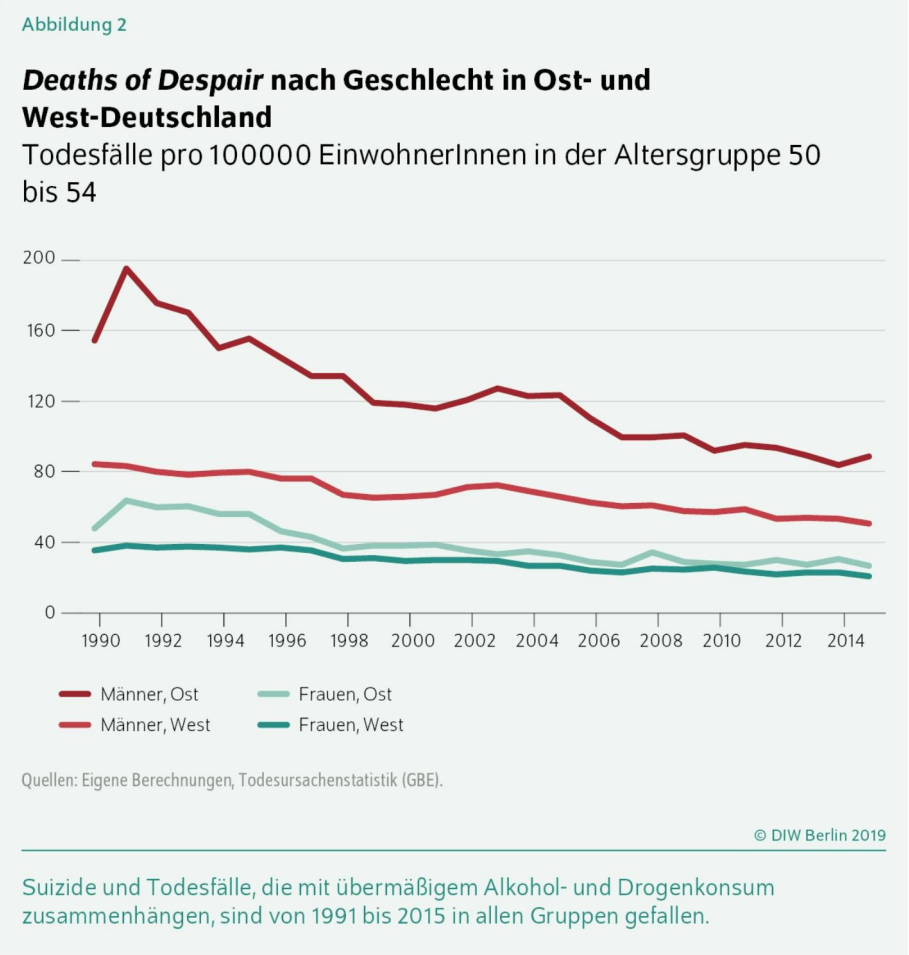

Fig. 3: Deaths of Despair (deaths caused by alcohol, suicide and drugs) in comparison between East and West Germany divided in gender from 1990-2014 in cases per 100.000 inhabitants (Haan et al., 2019)

Income/economic distribution of poverty and wealth

Over the time since the fall of the Berlin Wall, the disparity in income between East and West has not converged fully. Fluctuations in the disparity rose and fell over time, in the 90s and again around 2019 balancing in around a difference of 500 euros in average wage comparison of East and West Germany. Around 2000 and in the early 2000s, the difference in average wages is shown to be around roughly 600 euros. The overall development sees a stable increase in income over time, witnessed in both East and West Germany. While the East German average wages rise at roughly the same rate as the ones in West Germany, it is not quite a convergence but similar to a parallel development instead. (Rudnicka, 2022)

Simultaneously, studies by the government proved that East Germans are disproportionally to their percentage of the population excluded from leading positions, both in companies and institutions in the East and in the West. The governmental commission "30 Jahre Friedliche Revolution und Deutsche Einheit", translated the commission of "30 years Peaceful Revolution and German unity", called out for reforms at the end of 2019, emphasizing that this state of East German underrepresentation has only hardened in the decades since the reunification and needs to be changed. The government's response to their demands in 2021 promised to incorporate their advice and for reforms to take place in the future. (Der Beauftrage der Bundesregierung für Ostdeutschland, 2023)

Regions of living in their desirability

According to the data visible in the maps, the regions of East Germany remain less desirable to live in. I will exclude East Berlin from this and count Berlin as a whole to the federal states of the West in order to portray a more accurate comparison in line with the medical data I used before using this system of geographic classification.

Generally speaking, the population of Germany as a whole with the percentages of the Eastern and Western population in comparison between 1992, 2000 and 2019 shows the previously mentioned emigration from the East to the West. It is necessary to mention though that naturally other factors play into this development; immigrants and refugees from other countries, the death- and birth-rate for example. While these factors did and do play a role in the development of Germany's population, the data of emigration from the East is still not

too distorted in that the emigration itself is a proven fact and that areas showing increases of immigrants also account for economic and social reasons. (Lampert et al., 2019) That is to say, I will not include these more external factors to not stray away from my line of research and it is still usable data. Again, I will include Berlin in West Germany to not distort the data between different points of comparison.

In 1992, the Eastern regions made up 17.77% of the population of Germany, 82.23% of citizens living in the old federal states (Germany's population in 1992: 80.97 million). In the year 2000, that number had changed by roughly 1%, with East Germany's population being at around 16.84% and the West 83.16% (Germany's population in 2000: 82.26 million). The East German percentage sank further to 2019, being at 15.1%, while the population of West Germany made up 84.93% at the time (Germany's population in 2019: 83.17 million). (Turulski, 2023)

Medical Data

I will proceed by analysing the medical data for each category: neurotic, stress and somatoform disorders (my emphasis during research on anxiety), suicide rates, affective disorders (my emphasis during research on depression), and subjective life satisfaction. Then, I will conclude the analysis of the development over this period of time, given the medical and sociological facts and factors.

The statistics I recovered myself are based on a distinction of the old federal states, Bavaria, Baden-Württemberg, Bremen, Hamburg, Hesse, Lower Saxony, North Rhine-Westphalia, Rhineland-Palatine, Saarland and Schleswig-Holstein, and including Berlin representing West Germany and the new federal states, Brandenburg, Saxony, Saxony-Anhalt, Mecklenburg-Vorpommern and Thuringia comprise former East Germany. This is based on studies of the Robert Koch Institute who used this scheme for their studies, so in order to achieve a comparison as accurate as possible, I proceeded the same way. (Wiesner, 2004)

Neurotic, stress and somatoform disorders

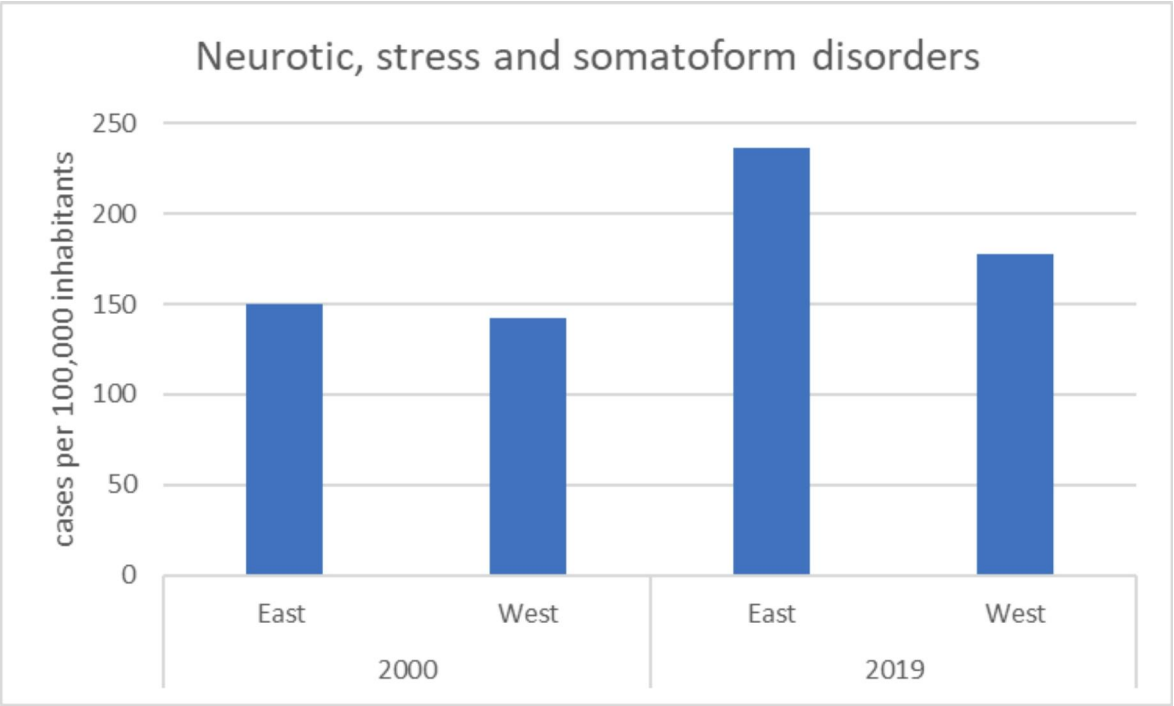

Fig. 4: Diagram of neurotic, stress and somatoform disorders in former East and West Germany in 2000 and 2019, in cases per 100,000 inhabitants (Gesundheitsberichterstattung des Bundes, n.d.)

In the year 1990, there was no reliable data found to attest the numbers of neurotic, stress and somatoform disorders such as anxiety in either East or West Germany. Around the year 2000, more data had become assessed and archived; in 2000, the number of cases of neurotic, stress and somatoform disorders in East Germany amounts to 150 per 100.000 inhabitants, in West Germany to 142 per 100.00 inhabitants.

From 2000 to the year 2019, both figures rose, in East Germany by more than 50% to 236, in the West by roughly 25% to 178 cases of neurotic, stress and somatoform disorder cases per 100.000 inhabitants. (Gesundheistberichterstattung des Bundes, n.d.)

Affective disorders

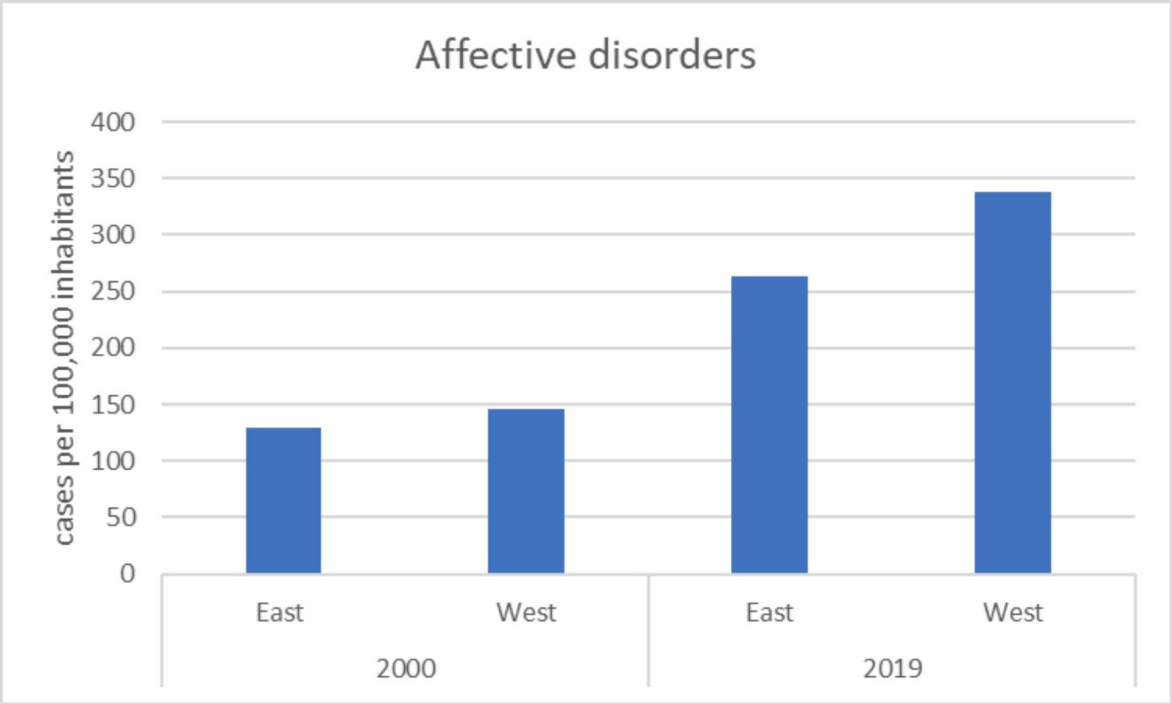

Fig. 5: Diagram of affective disorders in former East and West Germany in 2000 and 2019, in cases per 100,000 inhabitants (Gesundheitsberichterstattung des Bundes, n.d.)

The figures for affective disorders, such as depression, were not available in hard data in the year 1992 either.

In the year 2000, the cases of affective disorders per 100.000 inhabitants in East Germany were at 129, in West Germany at 146. Both of these numbers more than doubled to the year 2019, to 263 cases per 100.000 inhabitants in East Germany, and to 338 in West Germany. (Gesundheitsberichterstattung des Bundes, n.d.)

Suicide rates

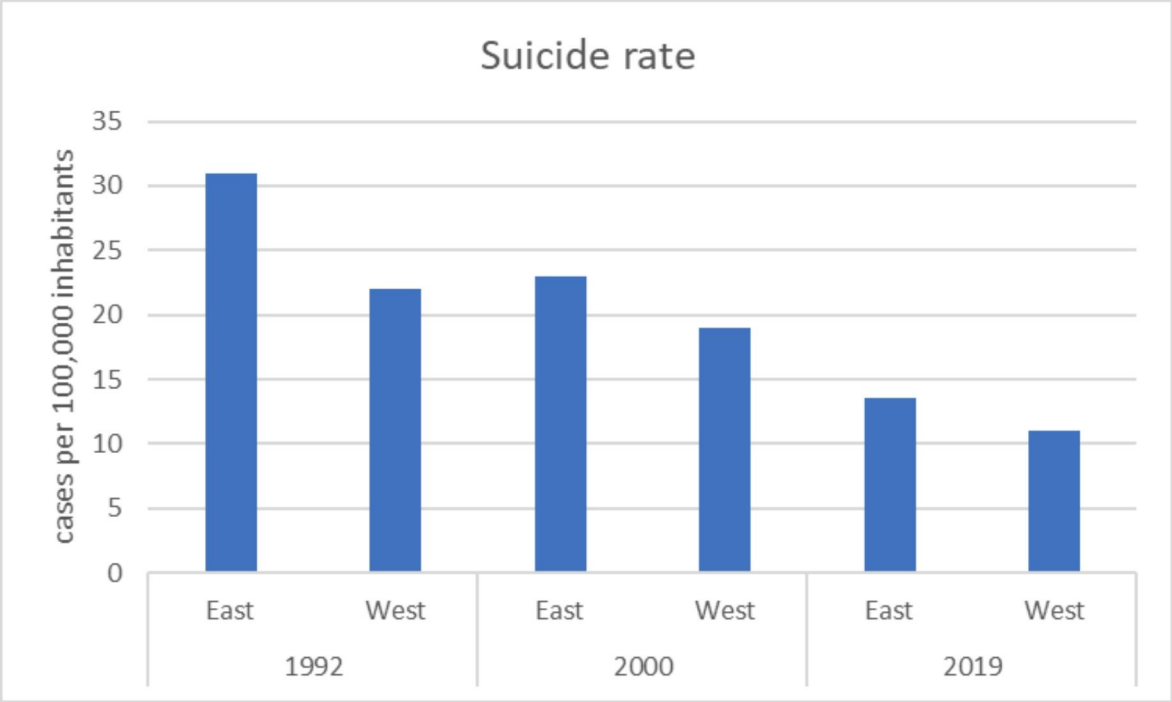

Fig. 6: Diagram of suicide rates in former East and West Germany in 1992, 2000 and 2019, in cases per 100,000 inhabitants (Grigoriev and Pechholdová, 2017; Müller-Pein, 2021)

Suicide rates around the reunification, the data being based on statistics of the year 1992, were at 31 cases per 100.00 inhabitants in East Germany, and 22 cases per 100.000 inhabitants in West Germany. In 2000, both of these figures decreased, accounting to 23 documented suicides in former east Germany, 19 in West Germany. According to the recorded data of 2019, both of the two numbers decreased by roughly 41%, to 13.56 cases per 100.000 inhabitants in former East Germany, 11.05 in former West Germany. (Grigoriev and Pechholdová, 2017; Müller-Pein, 2021)

Excluded from this data are suicide attempts and anything but completed suicide.

Subjective life satisfaction

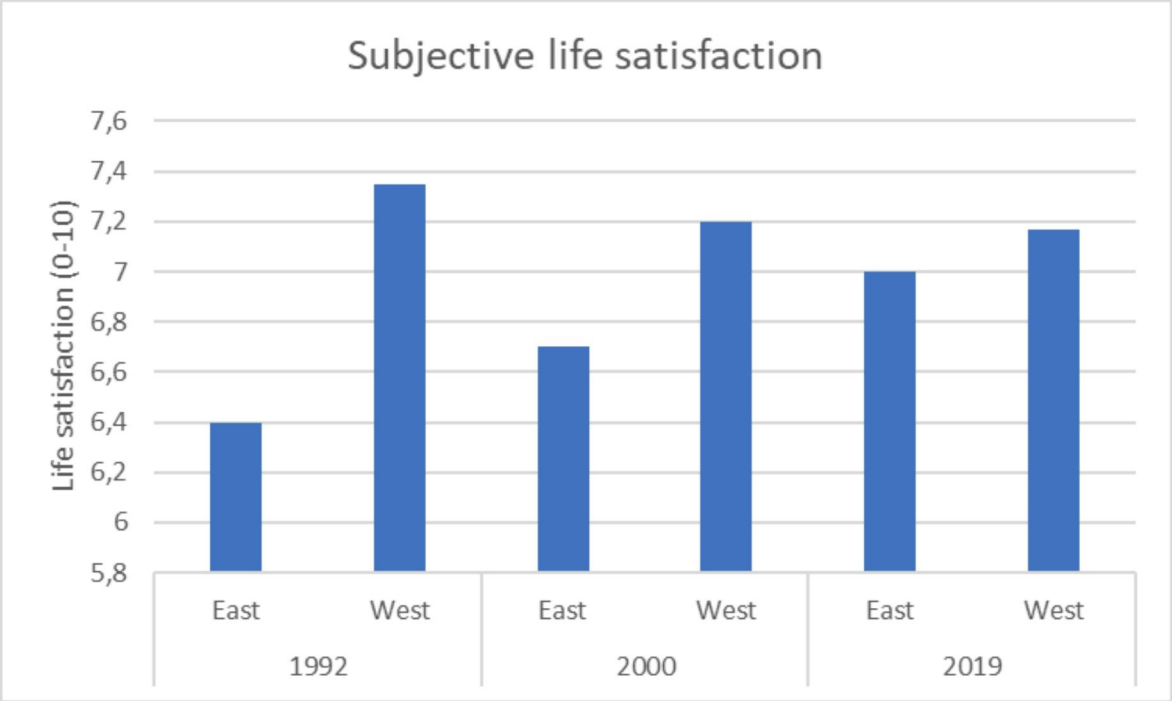

Fig. 7: Diagram of subjective life satisfaction in former East and West Germany in 1992, 2000 and 2019, in cases per 100,000 inhabitants (Pfeifer and Petrunyk, 2015; SKL Glücksatlas, n.d.a)

The SOEP data on subjective life satisfaction, used for decades of surveys and cited in other studies, relies on a questionnaire comprising eleven questions:

1. How satisfied are you with your social security?
2. How satisfied are you with the school education?
3. How satisfied are you with the duration of leisure?
4. How satisfied are you with the living standards?
5. How satisfied are you with your area?
6. How satisfied are you with the supply of goods and services in your area?
7. How satisfied are you with the environmental conditions in your area?

8. How satisfied are you with the local access to public transport?

9. How satisfied are you with democracy as it exists in Germany?

10. How satisfied are you with your social life?

11. How satisfied are you with your volunteer work in clubs, associations, or other social service organizations?

These questions are answered on a scale from 1 to 10, 1 being utterly dissatisfied, 10 being utterly satisfied. (Richter et al., 2017)

For 2019, no direct data provided by the SOEP was available so I substituted the numbers of that year with the data provided by Glücksatlas, a research organisation working with the University of Freiburg, that frequently uses and relies on SOEP data among others. (SKL Glücksatlas, n.d.b)

The data measured by the SOEP with these questionnaires shows the subjective life satisfaction in 1992 for East Germans at 6.4 out of 10 by average, for West Germans the number is at 7.35 out of 10. In the year 2000, the measured life satisfaction for East Germany rose to 6.7 out of 10, while it dropped to 7.2 for West Germany. This trend continues to the year of 2019; East Germany's recorded life satisfaction rising again to 7 out of 10 and life satisfaction decreasing to 7.17 out of 10 in West Germany. (Pfeifer and Petrunyk, 2015; SKL Glücksatlas, n.d.a)

Discussion

Interpretation of the Analysed Data and Factors

As the data presented in the analysis above suggests, there are several correlations between sociological factors and mental health data reported in East and West Germany. There are too many aspects to mental health to be named individually in themselves; a multitude of influences impact mental health, illness and well-being, in a multitude of subcategories of individual, biological, and sociological aspects. This is to say, I will not possibly be able to mention them all but a selection of focus points. The socio-economic aspect I focused on, income and economic factors, shows that the distribution of wealth and poverty, though potentially reaching convergence in the future by governmental reforms, is characterized by a disparity between East and West Germany, placing East Germans closer to the risk of poverty and lower life standards by economic possibilities. (Rudnicka, 2022) Poverty is proven by several studies to have an impact on depression, anxiety and generally to be a weight on mental health and well-being, so it is very likely the economic factor plays into the higher rates of anxiety by externally induced stress in the medical data. (Pilgrim and Rogers, 2014) This seems to be confirmed by the health data provided for the distribution of neurotic, stress and somatoform disorders in between the East (higher) and the West (lower). (Gesundheitsberichterstattung des Bundes, n.d.)

The only "negative" health value West Germany surpasses East Germany in – in both 2000 and 2019 – is the one of affective disorders, such as depression. (Gesundheitsberichterstattung des Bundes, n.d.) Several factors might play into this; the density of therapists is higher in the West compared to the East, allowing more diagnoses to take place. (Rommel et al., 2017) This possibly ties in to the data of deaths of despair; suicides and deaths caused by alcohol and/or drug abuse speak of a lack of mental well-being much more pronounced in the East than in the West. (Haan et al., 2019) While this almost definitely touches on gender differences just the same – men having much higher deathrates than women (figure 3) – both men and women from East Germany have higher figures each than their counterparts from West Germany. The suicide rates in figure 6 and the subjective life satisfaction displayed in figure 7 confirm this regional disparity. (Grigoriev and Pechholdová, 2017; Müller-Pein, 2021; Pfeifer and Petrunyk, 2015; SKL Glücksatlas, n.d.a)

Hand in hand with the value of affective disorders, this could suggest people in the West are more likely to be in tune with their own mental well-being and reach out for help if need be. To name one more possibility for the difference in affective disorders, a deeper internalization could play into this – given the West German population has lived in that system longer and have likely become used to it as the norm – of a capitalistic mindset: individualistic, therefore potentially isolating. (Pilgrim and Rogers, 2014) It will be close to impossible to determine exact causations in this; the highest possibility is that multiple factors are at work all at once. While in the measured data of subjective life satisfaction the values of East and West have concentred over time, they have not reached the same level.

Within most of the sociological factors analysed, income for instance or the age of the population, there is a measurable difference between the East and the West to varying degrees. Before the reunification, the system of the GDR put heavy emphasis on the importance of the agricultural sector for the home economy, while the FRG had already branched out to the secondary and tertiary sectors and was more ahead both before and after the two Germanies united again. (Radkowski, 2021; RKI 2009) This explains the multitude of rural areas still existent in the former East; despite governmental reforms to transform its agricultural orientation in order to advance it to the level of the West, the disparity does still persist as if the the year 2019. This is likely to play into the high numbers of emigration and lower subjective life satisfaction from these regions, especially given the majority of the people moving are young and qualified, leaving for better work prospects in the cities and in the West, contributing to the changes in population and urbanization. (Lampert et al., 2019; Pfeifer and Petrunyk, 2015; SKL Glücksatlas, n.d.a)

These factors seem to grasp into each other, creating an environment where people naturally gravitate towards what they subjectively deem best for their own future. Simultaneously, the overall development of the analysed data displays a traceable convergence in several of them over time, potentially rooted in both individual behaviours and perspectives and outside factors urging for said disparities to be bridged. In turn, this process is likely to shape the environment for a convergence between the old and the new federal states in mental health, well-being and illness.

Conclusion

Placing the data in the context of the theoretical framework of my thesis, specifically social realism, it implies that the factors shaping East and West Germany separately and together, places the people of Germany in an environment of said sociological factors; population emigration from the East to the West, from rural areas to the cities, economic disparities, a higher age of population and higher alcoholism in the East, lower desirability of living areas in the East in a short summary. In terms of said framework, this means that people born in the affected regions, be it a region in East or West Germany, are shaped by said region's factors impacting them, that the environment almost guides them along these lines of development but also, that the individual factor is not to be neglected. In social realism, people are perceived to be active agents, capable of shaping their environment in turn, able to impact social structures. (Pilgrim and Rogers, 2014) This is visible in how the governmental reforms after the reunification helped achieve convergence, or at least not allow disparities to deepen. Biological, individual and sociological aspects of life in contemporary societies therefore all shape and influence both the people in East and West Germany and their mental health and well-being. The individual and sociological forces playing a role in the mental health comparison between East and West Germany form the fundament of my analysis and is visible in the data above.

In that sense, this has already been known in the field of medical sociology, what has been proven to impact mental health, illness and well-being is commonly acknowledged both in theoretical literature on these issues, like "A Sociology of Mental Health and Illness" by Pilgrim and Rogers (2014), I am referring to as part of my theoretical framework and by medical institutions, like the Robert Koch Institute. Studies conducted on countries formerly part of the Eastern Bloc confirm what the result of my analysis shows as well; post-socialist countries seem to have a plethora of hurdles to overcome in adapting to Western capitalism and in negotiating the aftermath of their recent history. (Dlouhy, 2014; Petrea, 2012; Rechel, Richardson and McKee, 2014) This, too, appears to align with the sociological structures and medical data of East and West Germany, a gap to be bridged between the former socialist East and the capitalistic West. Viewed through the lens of social realism, outside factors of post-socialist structures, a radical transformation to capitalism, and internal and external forces working together in upholding disparities or converging to similar values over time.

Continuing from the fundament of the theoretical framework of medical sociology and medical data, I will proceed by answering the research questions to the best of my knowledge following the research process of my thesis.

What exactly are the differences in mental health and well-being in comparison between East and West Germany as observed in studies?

Differences in mental health and well-being in comparison between East and West Germany are visible in all of the analysed categories visible, to varying extents. While the sociological factors impacting mental health seem to imply a convergence of mental health data in comparison between East and West Germany, the actual numbers suggest a stark increase in diagnosed cases of mental disorders, both in the categories of neurotic, stress and somatoform disorders and affective disorders. The most commonly known within these groupings are anxiety in the case of neurotic, stress and somatoform disorders, and depression in affective disorders. Both categories of disorders rose significantly over nineteen years, neurotic, stress and somatoform disorders diverging from similar data to a more visible difference in 2019, and affective disorders increasing by more than 100% each, maintaining roughly the same distance to each other. (Gesundheitsbericherstattung des Bundes, n.d.)

One aspect of mental health data has converged over time, subjective life satisfaction, suggesting changes in the factors listed by the SOEP in their questionnaires, like more enjoyable or more secure/stable environmental factors or people's perception thereof – either way, by the definition of subjective life satisfaction, a convergence between East and West Germany is documented. (Pfeifer and Petrunyk, 2015; SKL Glücksatlas, n.d.a)

Similarly, while the suicide rates have not transformed wholly in their ratio to each other, the decrease in sheer numbers traceable over the past thirty years is immense, suggesting positive internal and external changes of – connected to the SOEP categories documenting subjective life satisfaction – more stable environments, a change in help-seeking behaviour in terms of mental health and subjectively better individual health. (Grigoriev and Pechholdová, 2017; Müller-Pein, 2021)

Regarding this aspect, it cannot be neglected that in the last thirty years, the stigma surrounding mental health and illness, shame in diagnoses for example, have changed and transformed quite a bit. In the 90s, the willingness of considering seeing a psychiatrist or psychotherapist was considerably lower than today, hand in hand with the fog of stigma

branding neurodivergent people as mentally insane, inferior, as less and treating them accordingly. This is backed up by general evidence; in "A Sociology of Mental Health and Illness", Pilgrim and Rogers use the example of schizophrenia to detail the effects of stigma. The exposure to stress through discrimination by stigmatization frequently leads to low physical and mental health, impacting the system of the individual's organism on multiple levels; physical health, mental health and low social strata and less opportunities in society resulting from the consequences of stigma. (Angermeyer et al., 2023; Pilgrim and Rogers, 2014)

With that in mind, the data is most definitely distorted by an untraceable black number, connected to data not being recorded as thoroughly as it is done nowadays. Keeping that in mind, the real data of mental health and illnesses, the case of depression as one example, would likely look very different without these factors.

All in all, the observed data would imply diminishing mental health and well-being in both East and West Germany, if not for the relatively high numbers of subjective life satisfaction in both parts and the high decrease in suicide rates, also recorded in both cases. This might indicate a higher awareness for mental health and a change in help seeking behaviour, which would align with pre-existing studies, like I mentioned beforehand.

What factors (in the three categories defined by the Robert Koch Institute) cause the difference in mental health and well-being between East and West Germany as observed in studies and to what extent/in what way?

In the framework of social realism, sociological factors form one of the pillars mental health and well-being rest on, influencing health and illness by environmental and structural forces shaping people's psyche, thus a crucial aspect. (Pilgrim and Rogers, 2014)

It is difficult to impossible to trace the direct lines of causation in mental health and well-being back to the sociological factors impacting them, in breaking it down to a singular root cause. Mental health and illness is an incredibly complex topic of multiple factors working together, nature and nurture intertwined, given a specific environment of a machinery of social, economic, individual, external, internal influences, coincidences, and so on and so forth. All this is proven to impact mental health in the first place, which is the reason the Robert Koch Institute defined them to be crucial to mental health, also regarding that their specialty of study lies in conducting research in Germany on the German population. Given there is differences traceable in all sociological aspects analysed, it can

be assumed they all play a role in impacting the mental health data above. Also, it needs to be taken into consideration that the data I used for my analysis is intended to solely reflect a comparison between East and West Germany to each other, not to judge generally whether life quality and the sociological environment of Germany improved over time; a verdict of external circumstances bettering or worsening people's lives is a different question.

With the gradual convergence of sociological factors, it could be assumed that mental health data would reflect a similar development; since it does not, it could raise the question of what other factors not analysed here impact mental health and well-being and to what degree.

Additional Questions/Sub Questions:

Analysing the developments of the last thirty years in this regard, what is the current trend in development (disparities being bridged, becoming smaller/bigger for example?)

In most categories, both in sociological and in medical data, convergence seems to be the most common trend in development, to varying extents.

In terms of sociological developments, the issue of urbanization and emigration from rural areas has seen improvements initiated by reforms to achieve equality in between the East and the West; young men moving back to the rural parts of East Germany might be a tentative sign of convergence. (Lampert et al., 2019) Simultaneously, it needs to be taken into consideration that urbanization is a phenomenon visible in both East and West Germany, not only the East. (Bundesinstitut für Bevölkerungsforschung, 2020a) This naturally contributes to the higher age of population in the new federal states, a sociological factor that is intrinsically linked to factors like emigration from the East to the West and urbanization. (Bundesinstitut für Bevölkerungsforschung, 2020b) This relates to East German regions as seen to be less desirable to live in and its decline of population until 2019, though the decline from 2000 until 2019 was slightly less, roughly -1.7% in nineteen years, compared to the difference between 1992 and 2000, roughly -1% in eight years. (Turulski, 2023) While it is not possible to speak of convergence in this aspect yet, future reforms might potentially bring change to this development. This development is potentially tied to the lower income in East Germany compared to the West, one that has seen the least convergence of the sociological factors; while both values increased, they did so at the same rate, leaving about the same disparity in average wages in between the new and the old federal states.

(Rudnicka, 2022) If successful, the governmental reforms intending to bring convergence to this difference, it might also affect the emigration rates and the desirability of East German regions in a positive way of appearing more attractive to young people.

Alcoholism has seen a decline in East Germany over the past thirty years, though it is still higher than compared to the West. This statement is also true regarding the so-called deaths of despair; East German men and women are still noted to have higher rates than their West German counterparts, though visibly converging more and more over the past thirty years. (Haan et al., 2019)

Along with the sociological factors, the medical data recorded registers changes in the past thirty years, in different ways though. Neurotic, stress and somatoform disorders rose immensely over the span of nineteen years from 2000 to 2019, more so in the East, by 50%, than in the West, by 25%. Similarly, affective disorders increased heavily in the same time span, more proportionally to each other maintaining the same difference with higher numbers recorded in the West. (Gesundheitsberichterstattung des Bundes, n.d.) Simultaneously, the suicide rates register a strong decrease, similarly to affective disorders changing around the same percentages, roughly upholding their distance to each other in dropping by roughly 41%. (Grigoriev and Pechholdová, 2017; Müller-Pein, 2021) Subjective life satisfaction is the only mental health data portraying a convergence; East Germany's number recorded a visible increase over the years, starting at 6.4 in 1992, jumping to 7 in 2019. West Germany on the other hand noted a decrease in subjective life satisfaction over the same time span, with 7.35 in 1992 dropping to 7.17 in 2019, with 7 for the new federal states and 7.17 for the old ones displaying the closest subjective life satisfaction in relation to each other recorded in the data. (Pfeifer and Petrunyk, 2015; SKL Glücksatlas, n.d.a)

In conclusion, while the disparities between East and West Germany in terms of sociological factors seem to be mostly decreasing over time, the number of diagnosed mental illnesses has been rising. This aligns with the more general context of Europe; over time an increased amount of mental illnesses has been diagnosed in the European context. (Eurostat, 2021)

What are inherent differences between how people from the East and the West approach and deal with mental health and well-being, and how does it affect the disparity in mental health and well-being as seen in the data of the studies conducted?

This question turned out the most difficult to answer clearly, since differences in mentality are much more subjective, much more on the side of soft data, and significantly harder to trace than the progression of mental illness for example. Studies like this are hard to pinpoint in the question of subjective perception since the topic is immensely complex and still controversial in some aspects: how much of mental health and illness is genetically passed down generations, how much of it is determined by a person's upbringing, their environment and broader sociological surroundings.

East Germany's socialist past is an indisputable fact, and took different forms and shapes in how it has been negotiated both on the state-level and individually. The data presented here, medical and sociological alike, does show there are still differences between East and West Germany. Historically, it is still somewhat recent; the generations experiencing the Fall of the Berlin Wall and the previous time period of two Germanies in their youth and in their mid-life are still alive to this day. In the studies conducted on other countries formerly part of the Eastern Bloc, the Soviet health system was heavily criticized for neglecting mental health, and in one breath discriminating mentally ill people and deny or downplay the existence of mental illness within their system. (Dlouhy, 2014; Petrea, 2012; Rechel, Richardson and McKee, 2014) It is a plausible possibility that this stigma affected the former GDR as part of the Eastern Bloc as well, and shaped East German people's outlook on what mental health and illness mean and how it should be treated. This is based on speculation though; it remains merely a possibility. The German Institute of Economic Research launched a research project called "GDR-Past and Mental Health: Risk and Protection Factor (DDR-PSYCH)" on how the past of East Germany affects its people's mental health; the project period will only end in July 2023. (DIW Berlin, n.d.)

In conclusion, it seems likely there are differences in mentality between the East and West German population, though empirical evidence thereof is lacking as of now; future research might shed more light on the matter.

Outlook on Future Developments

In the framework of the points my thesis emphasized, I believe possible future developments to be divided into two categories; future paths of research that leave gaps in today's state of studies and literature and future developments of the two Germanies in terms of mental health and well-being. In terms of the first one, I found no studies conducted on direct effects of the reunification on the people of either East or West Germany for instance. Also, rarely any archive stores long-term information tracking the development of the two Germanies since the reunification specifically in terms of mental health and well-being; while there are studies on these issues in general, the information exists in different niches of research institutes or governmental institutions, a uniform longitudinal overlook focused on mental health is missing. In my eyes it is crucial as much as it is fundamental to research and understand how mental health and well-being are influenced by the recent German history, since it is still close enough to affect people to this day; and a very unique history at that, one state, one people becoming two separate entities becoming one again.

The second beforementioned aspect presents the scope of mental health and well-being itself, not its research but its actual body. Further research enquiries could be directed towards identities and what role they play in mental health in the specific case of Germany; especially East Germans processing the total loss of their identity over just a few years, voluntarily or involuntarily being pushed into adjusting to the system of the West, in East German propaganda, the enemy and eternal competitor. Having their identity negated, suppressed, and adopting a new one just as they externally had to adapt to the new system, the new way of living in every imaginable way, led to different ways of negotiating memory and identity. One of them is encapsulated by what Daphne Berdahl (1999) coined "Ostalgie", East-nostalgia, a romanticised way of remembrance. The influence of these forms of negotiating oneself in the world, connecting the internal to the external and vice versa, in social realism inextricably intertwined, is in my eyes likely to play into mental health and well-being; one's relationship to oneself and to the world and the subjective lens on the interplay of these two. While it is proven that in some ways, people were affected by this radical transformation, the actual consequences on people's psyches have not been researched. (Kollmorgen, 2022)

All in all, the comparison between East and West shows that there are still disparities in several different aspects of life, in mental health and well-being. In some factors analysed, the two Germanies converged in over time, in others they stagnated or diverged more. Germany's recent past ties left marks still tangible in both the sociological environment and mental health and well-being; the future will tell if complete convergence can be achieved by more time passing and more reforms in place to reach equality between East and West Germany.

Reference List

Amadeu Antonio Stiftung (no date) *Amadeu Antonio Stiftung - About Us*. Available at: https://www.amadeu-antonio-stiftung.de/en/about-us/ (Accessed: 21 March 2023).

Angermeyer, M.C. *et al.* (2023) *The rise in acceptance of mental health professionals: Help-seeking recommendations of the German public 1990–2020*, *Epidemiology and Psychiatric Sciences*, 32. doi:10.1017/s204579602300001x.

Avison, W.R., McLead, J.D. and Pescosolido, B.A. (eds.) (2007) *Mental Health, Social Mirror*. New York, NY: Springer.

Berdahl, D. (1999) '"(N)ostalgie" for the present: Memory, longing, and East German things', *Ethnos*, 64(2), pp. 192–211. doi:10.1080/00141844.1999.9981598.

Bundesinstitut für Bevölkerungsforschung. (2020a) *Entwicklung der Bevölkerung in Deutschland (Kreisebene, 2020 gegenüber 1990)*. Available at: https://www.bib.bund.de/Permalink.html?cms_permaid=13582982 (Accessed: 01 June 2023).

Bundesinstitut für Bildungsforschung. (2020b) *Demographie-Radar: Demographische Alterung*. Available at: https://www.bmi.bund.de/DE/themen/heimat-integration/gleichwertige-lebensverhaeltnisse/demografie/demografieradar/demografie-radar-artikel.html (Accessed: 01 June 2023).

Bundeszentrale Für Politische Bildung (2020) *30 Jahre Deutsche Einheit - Meilensteine auf dem Weg zur Wiedervereinigung*. Available at: https://www.bpb.de/kurz-knapp/hintergrund-aktuell/316069/30-jahre-deutsche-einheit/#skip-nav-target (Accessed: 20 March 2023).

Cockerham, W.C. (ed.) (2010) *The New Blackwell Companion to Medical Sociology*. 1st edn. West Sussex, United Kingdom: Wiley-Blackwell.

Der Beauftrage der Bundesregierung für Ostdeutschland. (2023) *Konzept: Ostdeutsche in Führungspositionen - Bundeskonzept zur Steigerung des Anteils von Ostdeutschen in Führungspositionen der Bundesverwaltung*. Available at: https://www.ostbeauftragter.de/resource/blob/2038516/2160276/b8561d91959714c4d254f527ac361c47/bundeskonzept-data.pdf (Accessed: 06 June 2023)

Deutsches Ärzteblatt. (2015) *25 Jahre nach der Wende: Große Unterschiede zwischen Ost und West auch bei Gesundheitsverhalten*. Available at: https://www.aerzteblatt.de/nachrichten/63573/25-Jahre-nach-der-Wende-Grosse-Unterschiede-zwischen-Ost-und-West-auch-bei-Gesundheitsverhalten (Accessed: 04 June 2023).

Die Bundesregierung - Archiv (no date a) *1945: Kriegsende und Neuanfang*. Available at: https://www.bundesregierung.de/breg-de/service/archiv/alt-inhalte/1945-kriegsende-und-neuanfang-363534 (Accessed: 17 March 2023).

Die Bundesregierung - Archiv (no date b) *1947 - 1949: Bröckelnde Einigkeit, wachsendes Misstrauen*. Available at: https://www.bundesregierung.de/breg-de/service/archiv/alt-inhalte/potsdamer-abkommen-363554 (Accessed: 17 March 2023).

Die Bundesregierung - Archiv (no date c) *1949 - 1990: Geteiltes Deutschland und Wiedervereinigung*. Available at: https://www.bundesregierung.de/breg-de/service/archiv/alt-inhalte/geteiltes-deutschland-und-wiedervereinigung-363570 (Accessed: 18 March 2023).

Dittberner, J. (2006) *Grosse Koalition, kleine Schritte: Politische Kultur in Deutschland* [Google Books]. Logos Verlag Berlin GmbH. Available at: https://books.google.de/books?id=JPiEzPIymigC&pg=PA92#v=onepage&q&f=false.

DIW Berlin. (no date) *GDR-Past and Mental Health: Risk and Protection Factors (DDR-Psych)*. Available at: https://www.diw.de/en/diw_01.c.618395.en/projects/gdr-past_and_mental_health__risk_and_protection_factors__ddr-psych.html (Accessed: 10 June 2023).

Dlouhy, M. (2014) 'Mental health policy in Eastern Europe: A comparative analysis of seven mental health systems', *BMC Health Services Research*, 14(1), pp. 1–8. doi:10.1186/1472-6963-14-42.

Engel, G.L. (2012) 'The Need for a New Medical Model: A Challenge for Biomedicine', *Psychodynamic Psychiatry*, 40(3), pp. 377–396.

Eurostat. (2021) *7.2% of people in the EU suffer from chronic depression, Eurostat*. Available at: https://ec.europa.eu/eurostat/web/products-eurostat-news/-/edn-20210910-1 (Accessed: 13 June 2023).

Ewert, S. (2021) *Ländliche Räume in Deutschland – ein Überblick*, *Bundeszentrale für politische Bildung*. Available at: https://www.bpb.de/themen/stadt-land/laendliche-raeume/334146/laendliche-raeume-in-deutschland-ein-ueberblick/ (Accessed: 04 June 2023).

Farin, K. and Bundeszentrale für politische Bildung (2010) *Die 1990er*. Available at: https://www.bpb.de/themen/zeit-kulturgeschichte/jugendkulturen-in-deutschland/36253/die-1990er/ (Accessed: 19 March 2023).

Gesundheitsberichterstattung des Bundes. (no date) *Das Informationssystem der Gesundheitsberichterstattung des Bundes, Gesundheitsberichterstattung des Bundes*. Available at: https://www.gbe-bund.de/gbe/ (Accessed: 07 June 2023).

Grigoriev, P. and Pechholdová, M. (2017) *Health Convergence Between East and West Germany as Reflected in Long-Term Cause-Specific Mortality Trends: To What Extent was it Due to Reunification?*, *European Journal of Population*. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5740210/ (Accessed: 09 June 2023).

Haan, P., Hammerschmid, A. and Schmieder, J. (2019) *Todesfälle durch Suizid, Alkohol und Drogen Sinken Deutlich bei Männern und Frauen in Ost- und Westdeutschland*, *DIW Berlin*. Available at: https://www.diw.de/de/diw_01.c.613187.de/publikationen/wochenberichte/2019_07_1/todes

faelle_durch_suizid__alkohol_und_drogen_sinken_deutlich_bei_maennern_und_frauen_in_ost-_und_westdeutschland.html (Accessed: 05 June 2023).

Hapke, U. et al. (2021) *Psychische Gesundheit der Erwachsenen in Deutschland: Ergebnisse des Berichts „Erkennen-Bewerten-Handeln“*. Available at: https://www.bfr.bund.de/cm/343/psychische-gesundheit-der-erwachsenen-in-deutschland-ergebnisse-des-berichts-erkennen-bewerten-handeln.pdf (Accessed: 25 May 2023).

Health and Well-Being (no date). Available at: https://www.who.int/data/gho/data/major-themes/health-and-well-being (Accessed: 11 December 2022).

Heydemann, G. and Bundeszentrale für politische Bildung (2002) *Entwicklung der DDR bis Ende der 80er Jahre*. Available at: https://www.bpb.de/shop/zeitschriften/izpb/deutschland-in-den-70er-80er-jahren-270/9753/entwicklung-der-ddr-bis-ende-der-80er-jahre/ (Accessed: 18 March 2023).

Kollmorgen, R. (2022) *Ostdeutsche Identität(EN)?*, *Bundeszentrale für politische Bildung*. Available at: https://www.bpb.de/themen/deutsche-einheit/lange-wege-der-deutschen-einheit/506139/ostdeutsche-identitaet-en/ (Accessed: 08 June 2023).

Lampert, T. et al. (2019) *30 Jahre nach dem Fall der Mauer: Regionale Unterschiede in der Bevölkerung Deutschlands*. Available at: https://edoc.rki.de/bitstream/handle/176904/6111/JoHM_S02_2019_30_Jahre_Mauerfall.pdf?sequence=1&isAllowed=y (Accessed: 27 May 2023).

Mental disorders (2022) *World Health Organization*. Available at: https://www.who.int/news-room/fact-sheets/detail/mental-disorders (Accessed: 25 May 2023).

Müller-Pein, H. (2021) *Suizide in Deutschland 2019*, *Nationales Suizidpräventionsprogramm.* Available at: https://www.naspro.de/dl/Suizidzahlen2019.pdf (Accessed: 09 June 2023).

Petrea, I. (2012) ‘Mental health in former Soviet countries:from past legacies to modern practices’, *Public Health Reviews*, 34(2), pp. 1–21. doi:10.1007/bf03391673.

Pfeifer, C. and Petrunyk, I. (2015) *Life Satisfaction in Germany after Reunification: Additional Insights on the Pattern of Convergence*. Available at: https://docs.iza.org/dp9055.pdf (Accessed: 02 June 2023).

Radkowski, J. (2021) *Ost und West. Ein Vergleich*, *Bundeszentrale für politische Bildung*. Available at: https://www.bpb.de/themen/deutschlandarchiv/340957/ost-und-west-ein-vergleich/ (Accessed: 09 June 2023).

Rechel, B., Richardson, E. and McKee, M. (2014) ‘1’, in *Trends in health systems in the former Soviet countries*. Copenhagen: WHO, Regional Office for Europe.

Richter, D. *et al.* (2017) *SOEP Scales Manual (updated for SOEP-Core v32.1) - DIW Berlin*, *SOEP - The German Socio-Economic Panel study at DIW Berlin*. Available at: https://www.diw.de/documents/publikationen/73/diw_01.c.571151.de/diw_ssp0423.pdf (Accessed: 06 June 2023).

RKI - Startseite (no date). Available at: https://www.rki.de/DE/Home/homepage_node.html (Accessed: 22 November 2022).

Robert Koch-Institut (Hrsg.). (2009) *20 Jahre nach dem Fall der Mauer: Wie hat sich die Gesundheit in Deutschland entwickelt? Beiträge zur Gesundheitsberichterstattung des Bundes*. Available at: https://edoc.rki.de/bitstream/handle/176904/3221/26JFATQ8yUpZI_m.pdf?sequence=1&isAllowed=y (Accessed: 03 June 2023).

Robert Koch-Institut (Hrsg.). (2015) *Gesundheit in Deutschland. Gesundheitsberichterstattung des Bundes*. Available at: https://www.rki.de/DE/Content/Gesundheitsmonitoring/Gesundheitsberichterstattung/GesInDtld/GesInDtld_node.html (Accessed: 05 June 2023).

Rogers, A. and Pilgrim, D. (2014) *A Sociology Of Mental Health And Illness*. 5th edn. London: Open University Press.

Rommel, A. *et al.* (2017) *The utilization of psychiatric and psychotherapeutic services in Germany – individual determinants and regional differences*, *Journal of Health Monitoring*. Available at: https://www.rki.de/EN/Content/Health_Monitoring/Health_Reporting/GBEDownloadsJ/Focus_en/JohM_04_2017_Psychiatric_and_psychotherapeutic_services.pdf?__blob=publicationFile (Accessed: 05 June 2023).

Rudnicka, J. (2022) *Bruttodurchschnittslohn in Ostdeutschland und Westdeutschland bis 2020*, *Statista*. Available at: https://de.statista.com/statistik/daten/studie/36305/umfrage/bruttodurchschnittslohn-in-ostdeutschland-und-westdeutschland/ (Accessed: 06 June 2023).

SKL Glücksatlas. (no date a) *Abstand zwischen Ost und West steigt 2022 wieder*. Available at: https://www.skl-gluecksatlas.de/artikel/ost-west-vergleich.html (Accessed: 08 June 2023).

SKL Glücksatlas. (no date b) *Wer wir sind*. Available at: https://www.skl-gluecksatlas.de/info/wer-wir-sind.html (Accessed 08 June 2023).

Turulski, A.-S. (2023) *Zahl der Einwohner in Ost- und Westdeutschland bis 2021*, *Statista*. Available at: https://de.statista.com/statistik/daten/studie/1058231/umfrage/zahl-der-einwohner-in-ost-und-westdeutschland/ (Accessed: 05 June 2023).

Wiesner, G. (2004) *Suizidmethoden – Ein Vergleich zwischen Ost- und Westdeutschland*, *Robert Koch-Institute*. Available at: https://edoc.rki.de/bitstream/handle/176904/1119/28hvS3LoVKX6g.pdf?sequence=1 (Accessed: 06 June 2023).

World Health Organization. (2021) *Health Promotion Glossary of Terms 2021*. Available at: 9789240038349-eng.pdf (Accessed: 11 December 2022)

Würz, M. and Stiftung Deutsches Historisches Museum Stiftung Haus Der Geschichte Der Bundesrepublik (no date) *Deutsche Einheit*. Available at: https://www.hdg.de/lemo/kapitel/deutsche-einheit#:~:text=Weg%20zur%20Einheit&text=Mit%20der%20W%C3%A4hrungs%2D%2C

%20Wirtschafts%2D,au%C3%9Fenpolitischen%20Bedingungen%20der%20Deutschen%20Einheit. (Accessed: 18 March 2023).

Yale Law School Lillian Goldman Law Library (no date) *Declaration Regarding the Defeat of Germany and the Assumption of Supreme Authority by Allied Powers; June 5, 1945*. Available at: https://avalon.law.yale.edu/wwii/ger01.asp (Accessed: 13 March 2023).

Zeira, A. (2021) 'Mental health challenges related to neoliberal capitalism in the United States', *Community Mental Health Journal*, 58(2), pp. 205–212. doi:10.1007/s10597-021-00840-7.

Figures