THE INCIDENCE OF MENTAL DISEASE AMONG REFUGEES IN NORWAY*

By

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1. History

In Norway, the refugee problem has not been quantitatively significant. On the other hand, we have many examples to show that refugee work and interest for the fate of refugees has had an important position in the awareness and interest of the Norwegian people. The fact that the Nobel peace prize has twice been awarded to the High Commissioner for refugee organizations also speaks for itself. After the Russian revolution and its suppression in 1905 a small wave of emigrants came to Norway, and likewise after the 1917 revolution. Moreover we note a very limited and controlled immigration of victims of Nazi oppression from Germany and the occupied territories until World War II. After the war Norway was faced with a series of problems in connection with the refugees. In the first place it was a question of repatriation of Norwegian prisoners in Germany and refugees in Sweden, there were the forced evacuees from Finmark to be sent home, and then, last but not least, all the foreigners who had involuntarily landed in Norway during the war. Of these 140,000 were "displaced persons". These had been brought to the country by the Germans either as civil workers or forced labourers in "Organization Todt", "Organization Speer" or as prisoners of war, mainly Serbs (Jugoslavs), Russians and Poles. According to a list published in the annual report of the Ministry of Labour for 1947 (1948) the following figures are given:

Soviet subjects	about 84,000
Other prisoners of war	about 3,000
Civil Germans	about 10,000
Labourers in Organization Todt	about 31,000
Foreign forced labourers	about 13,000
Approximately	141,000

The living conditions of the majority of these prisoners is no doubt familiar to all, but it may be of interest to recall some of the circumstances in order to obtain a glimpse of the background from which the first group of refugees in Norway came. Kobro (1945) has described the conditions in a camp for Russian prisoners of war in southern Norway, and Kreyberg (1946) has given an account of the release of the allied prisoners of war in the north of Norway. From this last book we quote the concluding observations made by Frostad in his report: "The situation in the Russian prison camps was very bad everywhere with regard to living-conditions and clothing. Illness and death were widespread. The quantity of available medicine was insufficient in all camps, food and medical help is desperately needed."

The necessary help was given and in the course of a few months the majority of foreigners were either home again or on their way home, but a

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https://doi.org/10.1192/bjp.105.439.326 Published online by Cambridge University Press

number of refugees had no desire to leave Norway. The reasons for this were many. For some the word "home" had become an empty term, or one that could only be associated with persecution and ruin, where the whole milieu in which one had lived and grown up no longer existed, where family, relations and friends were destroyed and where the only place one could hope to find a remembrance of one's loved ones was the cemetery or some names carved on a memorial.

Others refused to leave because of the changed political situation in their home countries, this applied in the first place to Poles and partly to Jugoslavs, and others would not return home to the old political conditions after having become acquainted with the Norwegian people and its democratic government and way of thinking. Besides these rather "general" reasons, there were some rather more personal reasons which caused a number of young men to prefer to remain in Norway. There were connections made during or after the war. Some of these had a really romantic quality about them. Especially should be mentioned the many young girls who risked their liberty in order to give food to the prisoners. Some of them were also arrested and put into different camps in Norway where, by the most extraordinary means, they kept up the contact with the prisoners for whose sake they had been arrested. That such conditions led to closer acquaintance after the war and often kept the men from returning home is so human and understandable that further explanation should be superfluous.

By 7 May, 1947 all remaining former forced labourers, prisoners of war, etc. (in the following called the "actual DPs" or "those remaining in 1945") were "employed in different forms of labour". At the beginning only lumber and land work were open to DPs, but gradually this changed and many DPs followed the country's tendency to industrialism and found employment in various industries.

In the course of the post-war years, a number of DPs left Norway for overseas countries, some also for home.

Norway, however, was far from being the only country with a DP problem. It was in the first place in Germany's West Zone that former prisoners had accumulated. Of the more than 6 million European Jews whose country had been under German occupation and who had themselves been in German concentration camps, only some tens of thousands were left. Very few of them had any wish to return to their "native" country where they had lost everyone and everything. They therefore remained in camps which UNRRA had formed and waited and hoped to go to a country which could offer them an existence worthy of human beings. The same applied to large groups of Polish, Ukrainian and Russian forced labourers.

In 1947, the Norwegian government decided to accept about 500 Jewish refugees from German DP camps as a sort of "compensation" for the 700 Norwegian Jews who had died in German concentration camps. This was the first immigrant transport to Norway. All those who came in it had been in concentration camps.

Many of the above-mentioned 500 Jewish refugees regarded Norway as a transient stage only. "Norway is too near" was the unreflecting comment of the majority, without any of them being able to explain more accurately what they meant by "near" and "far away". In any case, a large number of them left the country again in the course of the first 3–4 years after their arrival.

In 1948 the Communist revolution broke out in Czechoslovakia and consequently a new group of refugees was added to the former ones who still

https://doi.org/10.1192/bjp.105.439.326 Published online by Cambridge University Press

waited in Germany's camps. IRO appealed once more to all the members of the United Nations and asked them to admit groups of refugees. The Norwegian government agreed to accept 150 refugees. The conditions were, however, that work and living accommodation should be obtained before their arrival in Norway. Consequently selection rested only on the working ability and skill of the refugees, and the demand for their particular trades on the labour market of the country.

Later, however, the refugee policy turned in a more charitable direction. Practically all countries were interested only in able-bodied, healthy, preferably skilled immigrants who would not become a burden on public or private social institutions. This resulted in an accumulation of unhappy, doubly miserable and ailing refugees in the German camps. Many were almost desperate after having been screened by one commission after another, only to be rejected and dismissed time after time. Norway then decided to concentrate in the first place on these so-called "hard-core" or "minus" refugees. This applied firstly to blind refugees, and a Norwegian commission selected 40 blind refugees who came to Norway in March, 1950, with their families. In the same year, Norway admitted some doctors and dentists and their families and some few individual immigrants.

The arrangement of a "screening commission" was also kept up later. It proved to be very difficult to place the blind refugees and for many reasons other groups of "minus refugees" were considered, namely tubercular and old people. In 1951, 3 commissions went to Germany and Trieste, and these resulted in the same number of refugee transports to Norway. All these refugees were either tuberculous themselves or relatives of tubercular refugees and therefore cut off from any possibility of emigration to other countries if they did not wish to be separated from their families. The transports included eleven different nationalities and some with no nationality. The placing of these refugees proved very difficult. Numerous organizations helped with this and the State Rehabilitation Institute was also engaged in the task. However the undertaking proved to be almost impossible with Norwegian means only.

In 1952 the Norwegian representative of the Jewish-American Joint Distribution Committee asked the Ministry of Labour for permission to transfer tuberculous Jewish refugees to Norway. The organization was fully aware of the fact that the placing of these refugees in Norwegian employment would be particularly difficult and therefore offered to contribute 1,600 American dollars for every person who could be regarded as a former or present tubercle patient, and 800 dollars for every member of the family who could be considered healthy. AJDC would also pay all expenses connected with the selection of the TB patients and their families, as well as expenses of transport from the respective camps in Germany to Oslo. This appeal which was followed by numerous and lengthy conferences resulted in new screening commissions and transports in 1953 and 1955.

As this brief survey shows, the refugees in Norway are composed of a very special material, made up of different groups very often sharply defined both with regard to war experience, nationality, religion and length of migration. The one thing that is common to them all is that—with few exceptions—they are people with greater difficulties and ailments than an "average refugee population". This does not apply, however, to the former forced labourers who remained in the country.

Without any restriction it may also be said that their experiences during and after the war make it impossible to compare them with "normal" immigrants.

https://doi.org/10.1192/bjp.105.439.326 Published online by Cambridge University Press

It will be understood from these short sketches that adjustment was not always easy, and that, parallel with the immigration to Norway, there has been a re-emigration to other countries.

This can in no way minify the effort made by Norway for refugee work. The effort is not so remarkable quantitively, but it is concentrated on the worse situated refugees.

2. Migration and Mental Disorder

In earlier publications Ödegård (1932, 1936), Malzberg (1935, 1935a, 1936) and Malzberg and Lee (1956) especially have studied the incidence of psychoses among migrant populations. Their studies show on the whole that emigration to a certain extent seems to imply a "selection" and usually a negative selection of the population. This leads to the fact, among other things, that the incidence of psychoses is higher among immigrants than among the settled population.

However, it should be stated here that the emigrants studied by Ödegård and Malzberg were for the greater part, *voluntary* emigrants. Even though living-conditions were very bad in those countries from which the "emigrants" came, it cannot be stated without gross exaggeration, that their lives were actually in danger, and emigration was in the last resort a voluntary act, which they could perform or not, as they wished. It is obvious that a "free choice" such as this means many possibilities of motivation. Among these, of course, is the emigrant's personality, reaction pattern, earlier adjustment, ability to cope with existing conditions and so on, all of which are of great, and even perhaps decisive, importance. The situation is totally different for refugees. They have actually lived, more or less, in danger of their lives, their possibilities were very limited, dependent on the willingness or unwillingness of the different countries to receive them. They were grateful to get away anywhere where they did not feel the danger of death so immediately threatening as in their "home country". Under these conditions the theory of emigrant selection is hardly applicable. These considerations refer, in the first place, to political emigrants before the war.

The immigrants who came later came also, *theoretically*, voluntarily, but if we look closer at the conditions under which they lived before emigration to Norway, we see there is little free choice left in the matter. Practically all of them came from the so-called DP camps in Germany, where they either had had to spend many years without really enjoying the freedom they had hoped for at the end of the war, or where they had landed after having fled from their homes, in very real danger of death. Their possibilities of coming to another country were minimal, and the "choice" they had was either to remain in a DP camp in Germany or to come to Norway.

As to the psychiatric literature concerning refugees one refers to *Flight and Resettlement* (1955).

3. The Author's Material

The present material comprises all persons who came to Norway during or after World War II, until 31 December, 1955, and who have settled here trying to find a new home, either temporary or permanent. Therefore it does not include possible members of diplomatic missions or other persons who

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could return home if they wished. True some of the patients included in the material went back to their original native country, nevertheless they are included in the material presented, because they either came here, or remained here as *refugees*, they had wished to settle here on an equal footing to the other refugees, and they had not thought of returning to their homelands. Only during their illness did the question of their returning home crop up, either raised by the family at home, or by the treating superintendent, who thought that the patient would be better off in surroundings where he could at least make himself understood. The author saw no reason to exclude these patients from the material. German war criminals are *not* included in the material. They are not refugees and offer totally different problems.

The period covered by this study stretches over 10 years, that is from 1 January, 1946 to 31 December, 1955. (From 8 May, 1945 to 31 December, 1945 no refugees were admitted to Norwegian hospitals, and it is therefore possible to omit this period.) The first task was therefore to clarify the number of refugees in Norway during the observation period. This was no easy undertaking as, in the first place, there is no exact record of the refugees remaining in Norway in 1945–1946. In the second place the Norwegian alien registration office which records all foreigners coming to and leaving Norway, had no special register for refugees. This register was first started in July 1951. Those refugees who arrived or left before this date are included in the large number of tourists, seasonal labourers, artists, etc., who have visited Norway in the course of time, and it has therefore been impossible to trace them.

The author has, therefore, been obliged to apply to the various institutions which have been engaged in work with DPs and later with refugees: The Ministry of Social Affairs, European Aid, The Norwegian Refugee Committee, and the Central Passport Office. The author perused the archives of the governmental institutions which had worked with refugees as well as the files of all the refugee-organizations and the "transport-lists".

By adding up the actual numerical information available about the refugee population of Norway, we get the following results:

TABLE I

Numerical Information on the Refugees in Norway

Date of Count		Total	Source of Information
31.12.1946	abt.	1,000	Ministry of Labour.
31.12.1947	abt.	1,500	Ministry of Labour and transport lists.
1.11.1948	abt.	1,695	Ministry of Social Affairs.
16.3.1949	abt.	1,665	Department for refugees and prison affairs.
10.7.1951		1,773	Central Passport Office.
31.12.1951		2,450	Central Passport Office.
31.12.1952		2,533	Central Passport Office.
31.12.1954		1,903	Central Passport Office.
31.12.1955		1,816	Central Passport Office.

In order to get an "average population" in the 10-year period to be examined here, we have found the arithmetical average total of the information gathered with one total per year.

The totals finally reached by the author are as follows:

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TABLE II

Total of Refugees at the End of the Years 1946-1955

Year		Number
31.12.1946	abt.	1,000
1947	abt.	1,500
1948	abt.	1,695
1949	abt.	1,841
1950	abt.	1,978
1951		2,450
1952		2,533
1953		2,074
1954		1,903
1955		1,816
		18,790÷10=1,879

Thus we have reached an "average population" of 1,879 persons. Of these, 60 became psychotic during the observation period, which is 3·19 per cent. of the average population. There are 14 cases of schizophrenias which show an incidence of ·74 per cent., and 42 cases of reactive psychoses with an incidence of 2·29 per cent. These 60 psychotics comprise all post-war refugees who have been treated in Norwegian psychiatric departments or hospitals. The patients were found by tracing the Norwegian Central Register (containing all patients admitted to Norwegian mental hospitals and psychiatric departments) and by inquiring from the superintendents of all those hospitals about any patients who were born outside Norway and who had been admitted to the hospitals. From this—rather comprehensive—material the refugees were traced. The files of the various Norwegian refugee organizations were equally checked. The 51 patients who at the time of the investigation were still in Norway had been personally examined by the author, either in the mental hospitals where they were inmates or in their homes. (Fourteen patients were examined by the author both during their illness and later on in their homes.) Nine patients could not be followed up, 2 were dead and the remainder had left the country. In these 9 cases only the case-histories could be studied.

While the task of obtaining exact totals was very difficult indeed, finding detailed information about the refugee population's composition regarding sex and age was even more so. After the war it was mainly able-bodied men who remained in Norway, and only in later transports, especially in 1947, was a larger number of women included.

By examining the existing information and transport lists the author reached the following results regarding the distribution of sex:

TABLE III

Distribution of Sex in the Refugee Population of Norway

	M.	F.	In All
31.12.1946	abt. 950	abt. 50	abt. 1,000
1947	abt. 1,100	abt. 400	abt. 1,500
1948	abt. 1,275	abt. 420	abt. 1,695
1949	abt. 1,401	abt. 440	abt. 1,841
1950	abt. 1,498	abt. 480	abt. 1,978
1951	1,786	664	2,450
1952	1,818	715	2,533
1953	1,554	520	2,074
1954	1,410	493	1,903
1955	1,362	454	1,816
Total	14,154	4,636	18,790

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The 50 psychotic men show an incidence of psychosis of 3·53 per cent., and the 10 psychotic women an average incidence of psychosis of 2·16 per cent.

Information about the distribution according to age has only been available since 1951. It remains on the whole unchanged up to the end of the observation period, and is shown as for 1951 in the following table. As we will see, the distribution according to age is very peculiar, but we draw attention to the fact that it must have been even more peculiar immediately after the war and until the first "hard-core" refugees, among these the "old people transports" were received here in Norway.

TABLE IV

Age Distribution of the Refugees in 1951

Age Group	M.	F.	In All
0– 9	226	219	445
10–19	102	83	185
20–29	150	58	208
30–39	776	135	911
40–49	282	75	357
50–59	153	51	204
60–69	72	30	102
70–	25	13	38
Total	1,786	664	2,450

As it is not possible to reach a totally correct average result regarding the age distribution, we have chosen the 1951 figures as the foundation for further calculations, as this year lies between the extremes 1946 and 1955 both regarding time and, according to the existing information, distribution.

By applying this age distribution to "an average population" that is to say, 1,879 persons (1,415 males and 464 females) we find the following "average age distribution":

TABLE V

Age Group	M.	F.	In All
0– 9	179	153	332
10–19	81	57	138
20–29	119	41	160
30–39	614	94	708
40–49	224	53	277
50–59	122	36	158
60–69	57	21	78
70–	19	9	28
Total	1,415	464	1,879

After these preliminary calculations we have attempted to find the incidence of psychoses classified according to age and the 2 most important diagnostic groups, i.e. schizophrenia and reactive psychosis. In order to ascertain whether the incidence of psychoses among refugee patients was higher than in an average Norwegian matched group, Professor Ö. Ödegård of the Gaustad Mental Hospital was kind enough to calculate the incidence of psychosis that could be expected in an average Norwegian population group of the same size and with the same age and sex distribution as that of the refugee patients.

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The calculation is based on the incidence of mental illness in Norway in the period 1946–1950. The results are shown further by the following table:

TABLE VI

Incidence of Psychosis: All Diagnoses

Age Group	No. of Patients	Calculated Incidence	Cases Observed
20–29	119	1·016	13
30–39	614	4·800	16
40–49	224	1·848	17
50–59	122	0·920	2
60–69	57	0·394	2
All males	1,136	8·978	50
20–29	41	0·274	3
30–39	94	0·792	4
40–49	53	0·500	3
50–59	36	0·312	—
60–69	21	0·156	—
All females	245	2·034	10
All refugees	1,381	11·012	60

TABLE VII

Age Group	Number	Incidence of Schizophrenia		Incidence of Reactive Psychoses	
		Calculated	Observed	Calculated	Observed
20–29	119	0·514	5	0·216	8
30–39	614	2·370	6	1·660	9
40–49	224	0·426	3	0·554	12
50–59	122	0·132	—	0·238	2
60–69	57	0·022	—	0·094	1
All males	1,136	3·464	14	2·762	32
20–29	41	0·100	—	0·086	3
30–39	94	0·224	—	0·314	4
40–49	53	0·112	—	0·208	3
50–59	36	0·050	—	0·112	—
60–69	21	0·014	—	0·036	—
All females	245	0·500	—	0·756	10
All refugees	1,381	3·964	14	3·518	42

A comparison between the calculated incidence and the cases observed in the different age groups can hardly be considered of interest with such small totals at our disposal. Tables VI and VII show that the observed incidence for all diagnoses is five times higher than could be expected in a corresponding Norwegian population group. This applies to both males and females. For the schizophrenias alone the difference is somewhat less than five times higher while the reactive psychoses lie far above this number.

With regard to the "actual displaced persons", that is, those who remained behind in 1945, we have attempted to reach an average number by subtracting

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the arithmetical mean total from the total of DPs in 1946 and 1955, the two extremes on which we have some information.

As on 31 December, 1946 the total was about 1,000 and as on 31 December, 1955 there were 524 actual DPs left (509 males and 15 females). The average is then 764. Of these, 28 became psychotic (27 males and 1 female) which shows a psychosis incidence of 3·61 per cent. With regard to the schizophrenics alone, the incidence is 1·31 per cent and for the 18 reactive psychoses 2·33 per cent.

The author has also attempted to find the age distribution among the actual DPs. Here we have definite information about 524 (509 males and 15 females) only, those who were left as per 31 December, 1955. These can all be reckoned as belonging to a lower age group in 1945, calculated in tens of years.

By applying this age distribution to the DP group in 1945, and besides by calculating the average of the 2 extremes, we come to the age distribution of the "average DP population" of 764 persons.

TABLE VIII

Age Distribution Among the "Actual DP Population"

	1945	1955	Average
–19	77	0	39
20–29	659	40	350
30–39	169	345	257
40–49	71	89	80
50–59	24	37	31
60–69	—	13	7
In all	1,000	524	764

If we compare the incidence of psychosis among the whole refugee population and among the "actual DPs" it proves to be somewhat higher in the latter group. This is due, in the first place, to the remarkable difference with regard to schizophrenia totals, which are ·74 per cent. for all refugees and 1·31 per cent. for the DP group.

The incidence of reactive psychoses is the same in both groups. The relatively high total of schizophrenias among those remaining in the country seems to prove that in this group there have been a number of latent schizophrenias, where the illness may be assumed to have been (co-) decisive for the determination not to return home. The fact that 2 of the remaining 4 schizophrenic patients came into the country as "illegal or accidental" refugees seems to show the same.

While considering these facts, however, one must not forget that a large number of the immigrants who came to Norway after 1945 were also "actual DPs", but remained in Germany instead of Norway. On the whole, the Czechs are the only ones who have fled from their country after the war. The difference in the incidence of schizophrenia can also therefore be explained as being a result of the selection policy which has been upheld by the Norwegian screening commissions. Whilst physical ailments and illnesses were looked upon more or less as a recommendation for immigration to Norway, applicants with mental disorders were usually not considered at all.

Apart from the great "compensation transport" in 1947 (of which so many have re-emigrated), it was first after 1950–51 that the "good-will" (charitably selected) transports came. Before this, 2 "skilled workers" transports came in

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1949, that is transports that were not screened but selected according to "trade" qualifications.

The two schizophrenics who were neither "actual DPs" nor illegal immigrants, came with these particular transports, and in both cases they were Czechs who had emigrated a comparatively short time before their arrival in Norway. There were no schizophrenics in any of the transports after 1950. This seems to suggest that the latent schizophrenics who remained in Germany's DP camps in 1945 have gradually become manifest and therefore excluded as possible immigration candidates to Norway. Furthermore, it proved that 10 of the 14 schizophrenics became manifestly psychotic and were hospitalized during the course of the first three years after the war (or, respectively, after their arrival in Norway) and that the 4 who were admitted to hospital after the lapse of these three years showed peculiar traits which may suggest schizophrenic tendencies long before hospitalization proved necessary.

These facts in addition to the course of the illness indicate strongly that the development of the schizophrenic processes seems to be mainly constitutionally conditioned, and that, even in this present small material, schizophrenia, either as a disposition or incipient, seems to be a factor which increases the migration tendency. Ödegård's findings, which, in brief, suggest that there is a connection between the schizoid character (schizophrenia) and emigration, that persons with this special tendency are predisposed to emigration by the way they think, feel and experience social relationships, can also be applied to the present material and may explain some of the schizophrenic psychoses we have found among refugees in Norway. Ödegård supports his theory that the predisposition must be considered of importance for the outbreak of schizophrenic psychoses by stating that the schizophrenia in most cases (almost 80 per cent.) is not manifest in the course of the first 5 years after immigration to U.S.A. He is of the opinion that if the influence of the surroundings is the main reason for the outbreak of the disorder, then this influence would have made itself felt during this period. In our schizophrenic patients we note that almost the opposite is the case, that is, that the schizophrenic disorder breaks out in the majority (11 out of 14) in the course of the first five years. In the author's opinion this is *not* contrary to Ödegård's findings. The assertion regarding the influence of the milieu on the early outbreak of the disease will later be proved in the cases of reactive psychoses. This does not mean that the constitutional, personality factors cannot make their influence felt before the five years have passed. On the contrary, these particular constitutionally conditioned peculiarities will be decisive for the attitude to new conditions met by the emigrant, for the way he attempts to solve his problems, and, also, in most cases, for the unsuccessful result. In our material we also see quite clearly that refugee patients, contrary to Ödegård's, in the initial symptomatology and to a certain extent, can feel the stress of the actual refugee situation. The picture changes very quickly, however. *The symptoms which are brought about by the situation disappear to give way to typical schizophrenic symptoms, totally independent of the refugee existence and its problems:* the schizophrenic process which at first was coloured by the pathoplastic tugging of the actual situation, breaks through, takes the lead and dominates the actual situation both with regard to symptomatology and course.

This observation also explains the contrasts between Ödegård's material and the present one. The external situation, the stress of the milieu, is for our patients so much more frustrating, and encroaches so much deeper into their

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whole existence and therefore, also has greater influence on the constitutionally conditioned reaction pattern. In all probability it had a greater and more rapid effect on the release of the disorder than the emigrant existence in Minnesota. This explains the early breaking out of the illness in the refugee patients and the symptomatology's pathoplasty, but it says nothing about whether the schizophrenic disorder was *caused* by the external situation. This supposition can be almost totally excluded if we study the case histories and the other considerations described in more detail elsewhere (1958).

The premorbid personality is also of importance in the manifestation of the reactive psychoses, but far from as decisive as in the case of the schizophrenias.

More than 40 per cent. of the reactive states fell ill during the first year, and about 65 per cent. during the first three years after the end of the war (or the refugees' arrival in Norway). Only 8 of 42 had had psychotic reactions before the actual exacerbation. The stresses of the milieu had no doubt a releasing influence in these 8 patients, but considering the background of the personalities mentioned, they can hardly be considered causal. In the other patients, the actual situation, that is the experience of the war and the post-war period, can be traced as causal factors.

In those patients who became ill after a longer period than 3 years, one could however, trace the difficulties of the immigrant situation as decisive for the outbreak of the illness in less than half of the cases. It seems then that the specific difficulties release psychoses mainly in the first 3 years after the refugees have tried to take root. The social and mental hygienic arrangements of the refugees' existence during this period seems therefore to be of the greatest importance. This is described elsewhere in more detail by the author (1958). The late results seem to be mainly the same for refugees as for Norwegian patients suffering from reactive psychoses.

4. Some Remarks on the Aetiology of Mental Disorder among Refugees

The question whether the incidence of mental disease is greater among refugees than among a matched settled average population can be answered in the affirmative, and with a result that leaves no room for doubt. This is in complete agreement with earlier investigations. It is generally assumed that the reasons for this higher incidence is one of the three given below, without a unanimous agreement being reached.

1. A priori, a higher incidence of psychosis in the native land of the refugee.
2. The premorbid personality of the refugees.
3. The mental (and physical) stress during the interval between the uprooting and the outbreak of the disorder.

To answer such a complex problem on the background of an investigation of only 60 psychotic patients would, at first, appear quite hopeless.

The completeness of the material, the personal investigations as well as the author's personal knowledge of the patients' war experiences and original milieu helped to make the task less insoluble.

We may disregard the first of the three above-mentioned possible reasons for the higher incidence. There is no information which can support the assertion that there is a higher incidence of psychosis in the various native countries of the refugees than there is in Norway. Malzberg's investigations, as previously mentioned, show results which refute this assumption.

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The author's personal and detailed investigation (1958) has shown that the refugee patients in many ways represent a "minus selection", for example with regard to schooling, socio-economic status, motivation for emigration and so on. This supports the theory of the importance of the premorbid personality. This opinion is strengthened by the fact that the refugees in Norway are of a very specific composition. Besides the forced labourers who remained in Norway in 1945, the refugee population is mainly composed of so-called "minus" refugees, that is, refugees who are disabled or ill, and who were thus "unsuitable" for emigration to other countries. The constitutional foundation for the reaction pattern of these refugees will, because of organic inferiority and the like, be changed and lead to increased vulnerability.

An increased vulnerability such as this will also be brought about by external factors (stress). The present material seems to prove this clearly by the higher incidence of reactive psychoses and by a series of other specific symptoms which we have been able to demonstrate elsewhere (1958).

A careful examination of the case histories and their backgrounds shows clearly that there are mainly two psychodynamic elements which determine the picture of the disease: isolation and feelings of insecurity.

Isolation which occurs when all earlier "group formations" are removed and when the individual is transplanted to a totally strange milieu is here connected with an overwhelming flood of new impressions and stimuli. The lack of ability to digest and absorb the influence of the isolation and overflowing of stimuli results in a total breakdown of the personality. Psychiatrically this phenomenon is manifested by confusional states with disturbances of consciousness.

The feeling of insecurity which is a complex result of both reminiscences of war and post-war experiences, of actual difficulties in the present situation, and of repressed aggression towards every form of "authority", results in doubts in the individual's role-taking and in his relationship to the surroundings. This doubt, together with the projection of personal aggressive feelings, will result in persecutory paranoid delusions. In other cases the lack of security is expressed by jealousy reactions (especially towards partners of another nationality). Also a number of conversion symptoms can be explained as being the result of general insecurity towards the surroundings which can be expected to "accept" somatic ailments, but not mental ones.

All the above-mentioned symptoms and groups of symptoms occur remarkably often in the present material, they stamp, very characteristically, the numerous reactive psychoses, but they are also pathoplastic for the initial stage of endogenous conditioned schizophrenias. We may therefore regard them as dependent on the situation.

The investigation undertaken here does not offer any solution to the problem *either* premorbid personality *or* external stress, but points clearly in the direction of an intense interplay of both factors, of their reciprocal influence and interaction. The result of the present investigation may thus be said to be in agreement with the classical formula in Norwegian psychiatry: Not *either–or* but *both–and.*

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https://doi.org/10.1192/bjp.105.439.326 Published online by Cambridge University Press

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