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**NOT ON THE AGENDA**  
**Clients and psychiatry in Central Europe**

*Introduction*

As a result of happy circumstances my son Stefan and I had the opportunity of making a study trip through Eastern Europe. This study trip could not have taken place without the great hospitality of members of the board of the European Network Users Survivors Psychiatry. My son and I were guests of *Peter Lehman* (Berlin), *Gabor Gombos* and his wife *Kathy* (Budapest), *Piotr Iwanejko* (Krakow) and *Vahid Dulovic* (Tuzla).

This hospitality, the kindness, the music, the quality of food, the life-power, the cheerfulness of these people, their families and their friends turned our journey into an unforgettable, special and impressive experience. At the same time being ignorant and naive people from Western Europe we were touched by great sufferance and shocked by the depth of the suffering in these countries.

At several moments during our trip we experienced a deep feeling of powerlessness when confronted with the misery and awful circumstances under which not only psychiatric patients were living, but whole groups of people. This is the reason that we find it a moral duty to tell about the things we have seen, so that as many people as possible are informed about the situation of our Eastern Europe neighbors. Also, our friends over there specifically urged us to tell their stories.

*Clients are active everywhere*

Throughout Europe persons with psychosocial disabilities (clients), under difficult circumstances and with no or very few means, are helping each other to be independent, to have a vision and to fight for their rights. These organizations of patients have the very important task to democratize psychiatry and society and most of all to fight for their human rights.

In Central Europe the *Hamlet Trust* has carried out extremely important projects. Nowadays there is a new organization: *Mental Health International Development* that continues the mission of Hamlet Trust. (See: [http://www.mhid.uk.net/about\\_us.shtml](http://www.mhid.uk.net/about_us.shtml)). In addition to these efforts, there patients who draw and paint, proudly exhibit their work. In effort to make these works available for viewing to other people in Europe and to give other patients the opportunity to do the same, we have set up a website on the European Network, where we have built an Art Gallery. See for further details: <http://www.enusp.org/documents/art.htm>.

*Mutual solidarity*

We not only experienced impressive activities of clients, but also of managers, psychiatrists, nurses and social workers. In Hungary for instance we were taken on an enthusiastic excursion by the manager of a social pension. This man has reached rare but very important results: he turned a large scaled institution into small parts.

Striking was the pride with which all people spoke about their work, results achieved and the results logged by their clients as well. In cases where both clients and professionals had very little to work with, it seemed that sometimes this shared poverty created mutual solidarity be-

tween professionals and clients. This solidarity we are often missing in the Netherlands, I feel.

As most people are dependent on their family, due to the lack of welfare, the extent of hospitalization was overwhelming. So overwhelming in fact that we were surprised and impressed by it. At the same time there corruption is rampant. Where there are few social services and the social security network is failing, where everyone depends on the support of friends and family in times of difficulties, everyone tries to obtain money via of corruption. In relation to this we were impressed by the plans of the self help organization Fenix in Tuzla to earn money from home made souvenirs, furniture and organically farmed plants and herbs to be financial independent.

### *Genocide*

Genocide is a fundamental European problem for which there is no answer. One of the most shocking things to realize during our journey is although an end has come to Auschwitz - Birkenau, genocide still exists in Europe. We were in Auschwitz and were deeply touched by the enormous desolate and extendedness of Birkenau. And the extermination of the Jewish people was only the beginning, after that it was the turn of the Slavic people to be exterminated.

Genocide is much older than Auschwitz. We had the chance to talk to an Irishman in Auschwitz. He said that British people in the 19th century set out to starve the Irish. Several millions died.

We know that in Turkey during World War I genocide was being committed on the Armenian people. We also know about the role Belgium played in Rwanda. We know that President Bush does not have any problem with wearing a cowboy uniform. (How many Indians were killed by cowboys?) And In Bosnia we saw with our own eyes the results of genocide in Srebrenica, exactly ten years ago this coming September 2005. In relation to psychiatry we heard stories about a clinic in Bosnia where the Serb management killed two or three hundred patients who were not Serb (Sokolac).

The stories about Srebrenica and Sokolac helped us to realize that in Europe genocide is still being carried out. Therefore, we propose to change the slogan: "Never again Auschwitz" into "When shall we put an end to practices like Auschwitz?"

We are not the only ones who have made this comparison. There are reports about Dutch soldiers who were rightwing-extremists, brining Hitler greetings and becoming enthusiastic about the Nazis and what they did.

They also voluntarily helped kill Muslims. There are even rumors (unbelievable, but strong) that Dutch soldiers gave sweets to Muslim children with the purpose to kill them.

### *Nazi Euthanasia*

Commitment to genocide is a *black page* to the history of psychiatry and medical sciences. The idea of systematically killing Jews was given to the German Nazi's by doctors and psychiatrists and started with the mass murder of patients and people with learning difficulties and physical disabilities.

The biological-medical model was combined with a social-Darwinist politics and concepts on cost savings. This combination greatly contributed to the catastrophe and we should be aware of the fact that elements of these ideologies are still alive today.

Rather than repressing and/or trying to forget one should strive to process these histories. We should all realize that genocide and Auschwitz can happen again tomorrow, seeing as how

the factors causing the rise of these things still exist. A fine example of the way to deal with history and traumatic experiences is the monument on the grounds of the psychiatric hospital in Krakow. It was given to the hospital by the Germans. The names of all the murdered psychiatric patients and the psychiatrists, who stood by the patients, are listed on the monument. Patients have a memorial service each year. As *Wiedergutmachung* the Germans also built a house for the rehabilitation of patients, allowing them to reintegrate into society. The dorms do not contain the usual twenty beds but are designed for two or three patients and some rooms even facilitate a computer.

### *Neo-liberal misery—social euthanasia?*

The Social Darwinist way of thinking belongs to the family of neo-liberal way thinking. This way of thinking, in combination with the refusal of giving enough money, peaks in a worldwide social euthanasia. In Eastern Europe clinics do not have enough money to provide help in an adequate way. We have heard stories about a high mortality rate, as high as fifty percent, during the first year of hospitalization as result of cold and unhygienic circumstances, lack of food, poverty and a shortage of medicine. New medicines are too expensive and sometimes not even the old ones are available.

In Hungary there are thousands of psychiatric patients housed in social pensions. These people do not have enough money to live outside these social pensions. Even in rich countries, such as in the Netherlands, there is not enough money spent allowing for chronically disabled psychiatric patients in hospital to have a normal quality of life. (See Report “a long chain of empty Sundays”). Ray Rowden, former director of Hamlet Trust, speaks about psychiatric hospitals in Eastern Europe as “Death camps, where people are killed...” Also, Clemens Huitink, spokesman of the Organization for Mental Health Care Institutions in the Netherlands, describes a sad situation. At [www.poianamare.org](http://www.poianamare.org) one can see photos about the situation of a psychiatric hospital, while at [www.mdri.org](http://www.mdri.org) you can see the situation in Paraguay. It is even worse still.

### *Stalinism*

Under Stalinism psychiatry was a part of the ruling system. The biological-medical model was dominant. Psychotherapy and psychoanalysis played a stigmatizing role as western bourgeois inventions and were forbidden, because it was dangerous to talk to other people. It was quickly seen as subversion. As a result people could stay in hospitals for years and being exposed to series of electroshocks without having any possibility to speak out. We know a lady who experienced this for two years. A man, who was forced to take anti-depressive medicine, responded that he would do so, if he also received some kind of psychotherapy. He was sent to a body movement therapy. He was allowed to speak two minutes about his problems and then the therapist started to talk about the problems in her own marriage. After two months he refused to take his medicine because he had been denied psychotherapy and spoke of the situation he was in. When he came back to the physiotherapist, she cried and said that she did not know anything about psychotherapy, but was ordered to give him therapy.

### *Collective trauma*

Everywhere in the streets, at bus stops, on buses, in cafes, in museums, people told us stories about the situation under Stalinism. People, who were in prison, people who with destroyed bod-

ies. We also saw the museum of *Staatssicherheitspolizei* in Berlin.

One of the results of recent history is that culture is still repressive and built upon authoritarian relationships.

The rise of psychotherapy seems to have problems, because there is no tradition of talking about problems with each other. Also patients experience problems in self help groups of not being able to talk to each other. Sometimes they are scared to do so, and that is the reason why they prefer to work with each other instead. Especially in Tuzla, where there was war, they told us so. There people experienced how quickly friends or family turned into enemies and killed each other.

### *Authoritarian systems*

The more authoritarian the system is, the more human rights are violated, the more psychological and physical maltreatment, and sexual abuse there are. As a result of what we have seen and heard, we expect this to be the case in Central and Eastern Europe (but also in Western Europe on a large scale in authoritarian psychiatric hospitals). We expect that violations will continue to exist on a large scale and much more so than we realize. Psychiatric hospitals were a place where political dissidents were sent and psychiatrists even invented the diagnosis of sluggish schizophrenia...As an example of sexual abuse we advise you to have a look at [www.mdri.org/pdf/KosovoReport.pdf](http://www.mdri.org/pdf/KosovoReport.pdf). A report can be downloaded from here, titled: "Not on the agenda..." about the special institute Shtime in Kosovo, where a lot of sexual abuse was being committed among several other unacceptable things. Based on this report the government of the Netherlands sent 2 Million € for improvement. This funding was shamefully spent on *cosmetic surgery*. The management has had marble staircases and Italian bathrooms built and nothing changed concerning the problems themselves... The general manager was a Dutchman. He has since left. However, there is no improvement and the international community has lost chances to invent important new activities. The international community barely interested in psychiatry anymore.

### *Lack of privacy*

In most places there are large bedrooms, the small ones are for six persons. We saw no possibilities for enjoying privacy. There is not a chance to be alone, only in the toilet or in the bathroom. Sometimes psychiatric hospitals use bed-cages to keep people locked up even nowadays.

### *No work, no money, no future*

Although there is more freedom in contemporary Central Europe there are huge social and economic problems. Capitalism with the accompanying ideology of neo-liberalism does not offer any solution for the problems of Central Europe. There used to be work, homes and health care. Nowadays this is not longer the case. People are, in a cynical way, joking about this situation. They say: "In earlier times we were not allowed to travel, but we had money. Now we have the freedom to do so, but we have no money."

What is the worth of freedom if you do not have money to spend? The majority of people are unemployed. They have no income or hardly any money. People, who used to be psychiatric patients, doubly suffer from these problems. They are more often stigmatized, poor, unemployed and have unsolvable difficulties in finding a job. They are very much excluded.

As a result of the social-economic problems a lot of people suffer from psychological or psychiatric problems, they are depressed and, or addicted. Many of them (alarming many young people) use drugs or alcohol, as *self-medication*. Hungary makes a melancholic impression and in Poland we have heard and have seen a lot of people using drugs or alcohol.

### *Dangerous religion*

With respect to the positive effects of *good religion* (as in Buddhism) we are no longer accustomed to the ways of the religion we saw. Young people kneel on the floor of the church. This is something that cannot be seen in the Netherlands. In Bosnia religion plays a dangerous role. Sometimes as in Poland, but also in Bosnia, religion has nationalist references.

### *Warlike Europe*

War is also a European phenomenon, of which we are not free at this moment and will not be even for a long time to come. In Bosnia we saw an organization of ex-soldiers who suffer from post-traumatic stress disorder. We have seen that in an impressive way clients are actively dealing with their problems. In the barracks of Bosnia there are six thousand soldiers of whom three thousand suffer from a posttraumatic stress disorder. Nowadays the government sends these soldiers as invalids to the streets, where they join the army of unemployed people.

The results of the war are disastrous. We have seen not only a lot of packing material for medicine (narcoleptics, benzodiazepine, anti-depressive) in dustbins, but we have also met people who were greatly traumatized. Almost everybody has lost a family member, a father, brother, husband or child in the war. People die daily by exploding mines. Srebrenica is very, very poor. The whole city still carries traces of its destruction. Forty percent of the population is unemployed and poor. The Netherlands has done nothing, or was unable to do anything. We have heard from the United Nations spokesman there that there are plans coming from the Netherlands to withdraw their help, because Srebrenica is no longer a current topic and a sexy case...

Especially young people in Bosnia are the victims of the war, they are traumatized or demoralized. They deserve our complete support. It makes us sad to realize that the fragment out of the song: "Over de Muur" of *Het Klein Orkest* from 1984 is still true.

*"But what is freedom without a house, without a job  
So many Turkish people in Kreuzberg, who can scarcely exist  
Good, you are allowed to demonstrate, but with your back against the wall  
and only when you have money, freedom is not expensive.."*

### *Together we are stronger*

When client organizations mobilize or succeed in mobilizing other organizations, we stand stronger. It is important that Amnesty International fights for the human rights of psychiatric patients. It would be relevant to put our problems on the agenda of groups of activists. Unfortunately, the official international community is not interested in the problems of psychiatry and psychiatric patients. Groups fighting for another or a better world should be much more aware of these problems. So it would be a sensible suggestion to attend the World and Regional Social forum to raise awareness about these issues.

But perhaps there are more positive changes than we have expected. After our voyage we

received the March 2005 issue of the journal *Epidemiologia Psichiatria Sociale*. In this Italian magazine we have found a bit more positive article of *Benedetto Saraceno* and *Shekhar Saxena* on mental health services in Central Europe and Eastern Europe.

*Not on the agenda?*

Before we started our journey my son, and I were not informed about the situation I have described here. These problems are not enough discussed. How can we raise awareness? Concrete and huge problems such as genocide, war, poverty, exclusion and refugees are perhaps neglected by the client movement as well. Psychiatrists tell us that clients should not deal with such serious problems because they already have so much to deal with. It is better for them to do nice things and not to think about the world.

I keep thinking of the Dutch soldiers who gave Muslim children sweets with the purpose to kill them. Perhaps as clients we miss the chance to see and hear the reality and suffer from it. Do people living with schizophrenia suffer from reality or from truth?