

## A trip to Moscow

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The history of this East German plane flight to Moscow is interesting enough to record. In 1983 the All Union Association of Soviet Psychiatrists and Neurologists left the World Psychiatric Association, when it became clear that a resolution condemning the abuse of psychiatry in the USSR was about to be adopted.

Now, apparently guided by '*glasnost*' and '*perestroika*', the Russian psychiatrists are once again making overtures to the West. The Serbsky Institute, a psychiatric observation clinic of the Ministry of Justice where political dissidents were diagnosed as psychiatric patients, has been sending invitations to the West. In former days the Serbsky fell into disrepute by the contention that there existed a specific form of schizophrenia without overt symptomatology. It was called 'sluggish schizophrenia'.

Invitations were sent to Western lawyers, psychologists and psychiatrists to visit the Serbsky Institute in order to promote scientific contact. Likewise it was requested that a number of Russians be invited to participate in the forthcoming congress in Montreal of the International Academy of Law and Mental Health. Two Americans, two Canadians, one Englishman and one Dutchman were invited to deliver a number of lectures in order to bring about a scientific exchange.

### *Saturday, 28 May 1988*

At 19.00 hours I am met at the exit of Moscow Airport by a young woman carrying a large sign with my name on it. When I introduce myself she tells me that she is called Helen and that the delegation will proceed this evening to Leningrad. We have some hours, she tells me, before the night train leaves the station. During this period she will show me something of the city. We drive around in a vintage car with a lot of paint which carefully hides corrosion and rust. The car bears the lettering 'med-mobiel'. Car and driver are of the Serbsky and it becomes clear to me that Helen works there as an interpreter. At 23.00 hours I

meet my fellow-delegates at the railway station where the train for Leningrad is about to depart.

### *Sunday*

At the railway station in Leningrad we are met by three cars, about 25 years old and carefully maintained. We are transported, very sleepy, unshaven and unwashed (no water, no electricity on the train, only an angry looking female railway-conductor with lots of hot tea) to a first-class hotel. One hour later the programme starts. The day is filled with tourist activities. In the delegation, as the day progresses, jokes are made about the pleasant but useless character of this trip. My suspicion (and that of the delegation) mounts, as I am starting to believe that this is a set-up so that later the Soviets will be able to say that a Western European delegation visited and agreed with their approach. Leningrad is beautiful, even more beautiful than Paris and Amsterdam. The evening programme consists of a ballet performance. Beautiful!

### *Monday*

Suddenly we have to work. We are transported to the Bechterew Institute. Leningrad forensic psychiatry is known as to be more psychotherapeutically oriented, progressive and, in the Soviet Union, called 'liberal'. The representative of the Ministry of Health acts as chairman. The presentations of the partners in the discussion take about half an hour and still we are not on friendly terms. The chief of the Institute starts with a discourse about the resocialisation of patients, about the research and about destigmatisation. Not very different from a discussion in the Western world 30 years ago. That's also the way the buildings look and that's the way the patients look. It is made clear that since 1970 no delegation of foreign experts has been allowed to look in the Russian psychiatric kitchen and certainly not in the so-called 'special hospitals'. In the patients' quarters there is no privacy, because there is ward nursing, with six to 15 beds next to each other. There is no private property space. During the daytime patients stay in the social quarters either outside or inside depending on the weather. The patients look the same as elsewhere in the world. They hang around, sit in the sun or

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distractedly do a small piece of work. They do not look unhappy or overtly drugged. The approach of the staff seems friendly but directive and the patients appear disciplined. One of the psychiatrists believes in the healing influence of plants and animals and has surrounded his patients with them.

In the afternoon there is a visit to a special hospital. It seems to be an old prison, and the treatment used to be cruel according to the director. This time it becomes an open encounter and the discussion really gets under way. Everywhere are mineral water bottles, and from time to time an abundance of food is presented, caviar, salmon, very generous, very Russian. One has the same problems as everywhere. What is an illness, what is danger, what is criminal responsibility? One looks for precedures and external control. But, on close questioning by our delegation, it seems to me that the rights of mentally ill offenders are very shaky. Once one is regarded incompetent to stand trial [by psychiatrist(s) or a committee] no judicial decision is required and if one is considered irresponsible the same applies. The question of whether one did or did not commit a crime no longer has to be answered. The same holds for a civil commitment, where a committee decision is needed but no judge is required to have the final decision. Refusal to have ECT is respected but medication and other treatments are compulsory. Every half year a committee reviews if a stay in a special hospital is still necessary, but the patient has no legal counsel.

The visit to the Institution is shocking; many people together, hair shaven and blue uniforms, no personnel and everywhere a quiet disciplined atmosphere. It's as if every one is afraid. I saw a group of about 40 detainees in a small room on chairs looking at a black and white television. There was one nurse and one social therapist. My question is whether there are difficulties when there is a fight between detainees or with the staff. The male nurse answers that in the 22 years he has worked there, he has never experienced such an occurrence. I do not understand this at all. I have fantasies about the psychopharmaca in the air-conditioning but there is no air-conditioning in these old buildings. In the occupational therapy area, patients work with sharp and consequently dangerous tools, but nobody seems to care. There are no isolation cells. Are these patients actors? Or are they being terrorised? I don't know.

We have a conversation with someone who in the West would be portrayed as a victim of psychiatric terror. He discusses his case with us normally and doesn't appear to be psychiatrically ill let alone dangerous. He claims he was put in the asylum unjustly, consequently has suffered great damage, and is no longer capable of working as an engineer. He is now incapacitated and allowed to work only in a protected workplace. That's why he has no reason to complain, because he earns extra money in this

way. He protests against the fact that he was compulsorily admitted to a psychiatric hospital, because he was never mentally ill, but does not do so too loudly. To my question whether he wants me to publish his story he tells me that under no circumstances does he want a scandal. With a story like this you can't do much. It may be that this is a well-treated and re-socialised patient who will never reach his original level of mental functioning again.

In the evening there is a fraternising dinner with long speeches which ends with a concert at eleven o'clock. Once again too late to bed.

### *Tuesday*

Today a visit to an ordinary psychiatric hospital. Once again an extremely gracious reception with coffee, tea, biscuits and chocolates. Nurses wear uniforms and the pecking order is clearly recognisable. The head-nurse has a different cap so that the other staff members can at once recognise those in authority. Not much more can be said than that (it is like a Dutch psychiatric hospital of 30 years ago). We do not become much enlightened here. With many presents we leave the psychiatric hospital and its thousands of patients. For dinner they asked us to be host because they don't have any more money. It is a disco-like happening in which cabaret is included in a hors d'oeuvre-like meal. On our way to Moscow!

### *Wednesday*

Until mid-day we have the opportunity to get acquainted with the hotel which is slightly less luxurious than the one we had in Leningrad. Then we are on our way to the Serbsky Institute. In the delegation we have discussed that that's the place where we will show our teeth. The Serbsky investigates criminal responsibility, those who are considered irresponsible and those who can't stand trial are sent to the special hospitals without court intervention and without counsel.

After a short introduction we are allowed to see two patient quarters. Again the picture is shocking. About 15 young people in a ward with beds. No private property and all wearing uniforms. They are not very disciplined. A man starts talking to us spontaneously. He complains about hallucinations. He has killed his wife, he wants something to be done and bursts into tears. A boy of 14 has burgled an apartment. From everything we know about his circumstances I'm sure that he has been sexually abused. He complains about nothing; tells us it is O.K. An elderly man is here to have his case reviewed as to whether his stay in a special hospital is still necessary. He approaches us in a direct fashion and tells us that he is treated like a dog and is 'treated'

with sulphazine. This so-called drug increases the body-temperature and leads to nausea. When we ask him he tells us that there are political dissidents in the special hospitals but that he hadn't seen them himself and he doesn't know any names. The director, an elderly man, becomes uncomfortable and gestures that the man must stop. Suddenly there is an excited atmosphere, the tension mounts and the ward becomes noisy. We are immediately taken to another ward, as time seems to press. There is a man with a bandage around his head. One of us thinks of lobotomy and asks him if this is the case. No, the man thinks he is Ghengis Khan and has a tattoo on his forehead.

To all questions there is the answer that great changes are about to take place in Russian psychiatry. The director has a difficult time. "Sluggish schizophrenia?" Never. The diagnosis is not used; in the past perhaps. No, they diagnose schizophrenia only when the classical symptoms are there, hallucinations and delusions. "Sulphazine!" No, not here, perhaps in the past and only for a medical indication. "Psychopharmaca?" As little as possible, but treatment is, if necessary, compulsory. "Amnesty tells us that there are at least 100 political dissidents?" That is absolutely not true; yes in the past they have made mistakes. But why is this group of dissidents not investigated by an independent committee? Our host states that he is not responsible for these decisions.

In the afternoon Lionel Béliveau presents a paper about the Institut Pinel in Canada. There is a lot of attention from the staff of about 50 and there is a very sensible discussion. Then we are received by the member of the Academy of Science in Moscow, Morozov. As was decided earlier, we go at it straight away. David Weisstaub as a lawyer knows this game and is outspoken, attacking quite fearlessly. Morozov should not think that we are not informed. With all respect he should know that throughout the West discussion persists about the abuse of psychiatry in the Soviet Union. If it is really true about *glasnost* and *perestroika* then the rights of mental

patients should have improved. In the West over the last 20 years a lot has changed but the Soviet Union lags behind. The dissidents have to be interviewed by an independent committee with legal experts and be assisted by counsel in order to be judged once again as to their mental illness and their dangerousness. We really want to cooperate; that's why we came, but something has to change and quickly. Morozov keeps on saying that changes are imminent, no, are already present. It is an exciting conversation, no holds barred.

### Thursday

They come for us quite early. We are allowed to view ambulatory care. We will see a patient who was in 1983 perhaps, wrongly admitted with the diagnosis sluggish schizophrenia. Now he claims a special allowance but to qualify he has to be called a patient. But he doesn't want that as he is not ill. The man writes to practically everybody about the injustice which was and is being done to him. His mother and sisters don't want him to be admitted for observation and nor does he. He doesn't want to be investigated, only by foreign specialists and that's why we are here. I try to explain to colleagues that in his story there are two key points; his mother who once again dominates him here and worships him, and also the manner in which he asks for something from the authorities which he simultaneously rejects. I don't think they understand it. The apartment looks well-kept and the man seems to know us all by name and asks who is who. Then there comes a clear and loud statement by the Soviet colleagues that he was in 1983 unjustly hospitalised and this should not happen again. What is this rigmarole all about? That afternoon John Hamilton and I myself say something about Broadmoor and the Pieter Baan Center. It is getting so late that we have to dress quickly for the dinner with Morozov. Everything is repeated once again, only in a friendly manner. Early Friday morning I return to Amsterdam.