

## **Pitfalls of Forensic Psychiatry Addenda to a study visit to the Soviet Union**

WILFRIED RASCH

Institute of Forensic Psychiatry Free, University of Berlin, Federal Republic of Germany

### **Summary**

In the company of other university colleagues, the author visited 1989 institutions of forensic psychiatry in the Soviet Union. Since the early 1970's, Western mass media and scientific journals have accused Soviet psychiatry of allowing itself to be misused in the pathologisation of dissidents. The author examines these charges against the background of the political function which is accorded psychiatry, not only in the USSR but also in Western democracies. In his opinion, it was a wise decision on the part of the World Association of Psychiatry in October 1989 to reinstate the Soviet Society of Psychiatry to full membership status and he wishes to stress that neither forensic psychiatry in the Federal Republic of Germany nor in other Western countries has any grounds for self-righteousness or complacency.

**Key words:** *Forensic Psychiatry in the USSR - Forensic Psychiatry and Politics - Misuse of Psychiatry*

### **The Trip**

Perestroika and Glasnost could and did not leave forensic psychiatry in the USSR unaffected. The visit of a Soviet delegation to the Institute of Forensic Psychiatry of the Free University of Berlin in March 1988 came, nevertheless, as somewhat of a surprise; there was a presentation of the work of our institute, reports on the changes in legislation and working conditions in the Soviet Union's new era, exchange of goodwill and civilities.

About a year later came the invitation to visit institutions of forensic psychiatry in the Soviet Union. Three colleagues, whose work in my opinion represents the ongoing development of our discipline in the Federal Republic of Germany, were asked if they would like to go\*. The first week in September 1989 was agreed on as a date convenient to all.

Aware of the fact that the Soviet Society of Psychiatry was hoping to be readmitted to membership of the World Association of Psychiatry at its meeting in Athens in October, and well-supplied with published information on the political misuse of Soviet Psychiatry - including the report of the U.S. delegation of July 12, 1989 - we set off (1). However, it should be pointed out that we did not consider ourselves to be a watch committee or board of control nor was the accusation of political misuse of psychiatry in the Soviet Union seen as the central theme of our visit. A general scientific exchange was what we had in mind, which, due to the new openness in the USSR, was now possible. We had been invited as visiting professors and had prepared lectures on forensic psychiatry and psychology in the Federal Republic of Germany.

However, the subject of the political misuse of psychiatry did keep cropping up in the course of the discussions. Persistently one had the impression that both sides were putting out careful feelers and weighing with distrust what the other "really" meant by this question or that answer, the more so since there was the handicap of everything that was said being filtered through a translator provided by our hosts. But we were not paranoid enough to suspect an attempt at manipulation behind every friendly gesture, like Reddaway has asserted only recently (2) - that indefatigable cold warrior against Soviet Psychiatry.

The first day was spent visiting the Serbski Institute (from whence our invitation came) or to be exact, a part of it, for it is a very large institution. It takes its name from an eminent Soviet psychiatrist and is an All-Union institute for general and forensic psychiatry. It has a leading function for forensic psychiatry in the Soviet Union. Expertises in contentious or difficult cases are provided invariably by the Serbski Institute. Correspondingly, it features prominently in Western reports critical of Soviet psychiatry. Psychiatric expertises in the Soviet Union are done by commissions of experts, of which 260-280 exist. Each commission of experts consists of three medical doctors, and at very least the chairperson must be a qualified forensic psychiatrist. In special cases, a psychologist may belong to the "complex commission" (3).

On six wards, which are divided according to diagnostic groups, the Serbski Institute has over 250 beds. The dormitories are poorly furnished. The beds are close together and there are about 20 to a room. Everything is cramped and old. The institute has a permanent staff of 70 qualified doctors, mostly psychiatrists. Additionally, there are a large number of academic trainees and postgraduates. Unlike Germany, in the Soviet Union there is a special training course in forensic psychiatry after qualification as a doctor, which is supplemented and reinforced by further advanced study courses at regular intervals.

Our first round of discussions at the Serbski Institute with Professor Shostakovich and Dr. Milyochin ended rather abruptly because of the cultural program that had been laid on for us: a tour of Moscow and - because the Bolshoi Ballet were not giving a performance that evening - the Moscow State Circus. Sightseeing continued the next day with a visit to the Kremlin churches.

At 20.20 hrs our train left Kasan Station in Moscow. We travelled the 793 km to the capital of the autonomous Tartar Republic in a sleeping car. Kasan lies near the confluence of the Kasanka and the Volga. At our destination, a high-ranking official reception awaited us; the Minister of Health and the two senior psychiatrists of the city were waiting on the platform to welcome us. The first item on the program of our visit was a tour of the city. Kasan has a rich history; it was also the scene of many an encounter - often armed and violent - between the Mongolian and Slavic cultures. It was apparent from the discussions with our hosts that there is considerable pride in the rediscovery of cultural, religious, and linguistic consciousness which became possible under Gorbachev. After sightseeing in the city, we go down to the river, the Volga. It is Sunday and the weather is good to us, it is sunny and warm.

The next day we get down to business. My colleagues and I are the guests of the maximum-security psychiatric hospital in Kasan, a special hospital for mentally disturbed offenders who are highly dangerous. For years it has housed a constant number of over 1000 patients. All female offenders from the European part of the Soviet Union, with the exception of the Ukraine, who are committed are at Kasan; at the time of our visit there were 165 women there.

Kasan is one of the special hospitals which is singled out for attack again and again in Western reports. It consists of several old, prison-like buildings enclosed by a high wall. The special hospitals, which, after a time, transfer patients to general psychiatric clinics, are no longer under the jurisdiction of the Ministry of the Interior but since 1988 are administrated by the Ministry of Health. Security is still the responsibility of soldiers of the Ministry of the Interior, who are present of every ward: they wear hospital coats over their uniforms. The patients on the wards are mainly cared for by female nurses. Occurrences such as escape attempts or attacks on staff are very rare, we are told. The budget for the hospital was virtually doubled in 1988, compared to what it had been the year before. The number of staff as of July 1, 1989 was 317; the present staffing plan provides for 737 posts, 60 of which are doctors. These positions are as difficult to fill as those in comparable institution in the Federal Republic of Germany.

On our tour of the hospital, at no time did we have the impression that something was being withheld or concealed from us. We came into contact with many patients. Of course, a language barrier existed and we were necessarily wholly dependent on the interpreter who had been assigned to us, but we felt that he translated what was said very carefully, verbatim. While walking through the hothouse, we came upon a middle-aged woman, who spoke very good German and English. She talked to us of her situation in a very open manner.

If one is familiar with many different prisons and psychiatric clinics of a similar type, one quickly forms an impression of the prevalent atmosphere of an institution. The outward appearance of Kasan is depressing; the buildings are shabby, the accomodation is poor. There are six patients to a small room: two small beds to the left, two to the right, one under the window and one in the middle of the room. There is little space between them and none for even a minimum of privacy.

On the second afternoon of our visit, not long before our return to Moscow, there is a natural break in the discussions and I request permission to visit a men's ward. My request is granted without delay. After a brief look at the sleeping quarters, we reach the day-room. It is very similar to others I have seen in similar institutions in other countries: the room is badly lit, several patients are sitting at bare tables, smoking, and in one corner of the room a television flickers. We talk to some of the patients. They ask the same questions and have the same requests that one would collect in institutions in the Federal Republic of Germany. The recurring topic is the right or wrong treatment with drugs. The senior physician present does not intervene at all in the conversation; he introduces us in one sentence and then remains silent. The news of our presence on the ward has obviously spread and gradually more and more people fill the dayroom. At

this time of day the 60 or so patients on the ward may move about freely there. We are closely surrounded by a group of persons, who both from the nature of the offences they have committed as well as their diagnosed illness are considered dangerous. The drab regulation wear of the hospital and their closely shorn hair together with the impossibility of any direct communication make them appear extremely alien to us. Yet the atmosphere remains relaxed and at the time of our visit we experience nothing of the fear and intimidation reported by other visiting groups. The encounters on the men's ward belong to the impressions of mine on which I would attest that the atmosphere of the institution is good rather than bad.

On the third day of our stay in Kasan we lectured on problems of forensic psychiatry in the Federal Republic of Germany. This took place in the neighbouring Clinic for General Psychiatry. The audience was a large one and, as it turned out, eager for discussion. As for the other days in Kasan, these were filled with discussions on the practice of forensic psychiatry in the course of which our hosts spoke time and again of cases where they had been accused of unjustly interning healthy dissidents. On one occasion, the senior psychiatrist said, "If you were to ask me if I feel ashamed or if my conscience troubles me, I should answer that I was completely sure that I was right and that I had done the correct thing. There was no doubt that these were mentally sick people. It is another question entirely whether these were not mentally ill patients who could have been treated elsewhere. However, they had been sentenced."

Again, it was the night train that took us back to Moscow. I woke up early and stood for a long time looking out of the window. There is deep undergrowth on both sides of the track, probably to provide some protection against snowdrifts. Only occasionally is there an unobstructed view of fields, villages with wooden houses, or roads on which a few people are making their way to work. The trees show signs of an early autumn.

We are back at the Serbski Institute again and lecture there - albeit with a different emphasis. The audience in the lecture theatre is sparse. Several colleagues from the Serbski Institute who have come are apparently engaged in other work while we toil over our presentations. But all is for naught. A discussion does not take place - on technical grounds alone it would have been impossible anyway.

But we did have further discussions with the senior staff of the institute and, at the end, a meeting with the director which from its form can only really be termed an audience. At this meeting, too, we arrive after some detours at the topic of the misuse of psychiatry. Professor Morosov, who is on the board of the Soviet Academy of Science, reiterates the official line, which was that followed at the World Congress of Psychiatry: there may be differences of opinion with regard to this or that diagnosis in certain cases. It is possible that there have been cases of misuse in the Soviet Union. However, this was not the result of any conscious policy.

## The Accusations

Since the early 1970's, the mass media and scientific journals in the West have published a not inconsiderable number of critical attacks on Soviet psychiatry. These culminated in the accusation that Soviet psychiatrists - against their better judgement - tend to declare psychically normal political dissidents sick and insane and to commit them to psychiatric clinics for years where they are subjected to treatment that is not only totally inappropriate but can be considered as torture. The reports that have been published on this subject differ greatly in their scientific, journalistic and information content. A number of prominent cases are trotted out over and over again without any new information being added. Both formally and from the point of view of content, many of these publications bear a strong resemblance to the familiar, often quite comic lay attacks on psychiatry in general. In some cases just reports of reports of reports are passed on, which in the end do not even succeed in removing all doubts of the existence of a mental disturbance. Although the details can neither be verified nor adequately understood, global accusations are made. The accounts frequently call to mind the methods of the yellow press, where careful, non-committal formulations are used as a precaution against possible libel actions.

The penal code of the USSR does not contain the concept of diminished responsibility, which was introduced in 1933 in Germany. However, the preconditions for assuming legal irresponsibility and the commitment of the criminally insane to a closed institution are, in the main, comparable to the legal provisions of the Federal Republic of Germany and other Western countries (4).

In the West, there exist no direct parallels to the elements of a criminal offence, which as a legal provision may be implemented to sentence political dissidents, as laid down in Articles 70 and 190-1 of the Soviet penal code. These articles concern anti-Soviet agitation and propaganda and the dissemination of allegations known to be falsehoods, which are a defamation of the Soviet state and society. Under the changed political conditions, these legal provisions have already been amended.

Regarding the actual number of healthy political dissidents being held as mental patients in Soviet psychiatric institutions, there is much conflicting data. The Frankfurter Allgemeine Zeitung, dated 21.10.1988, stated that 800 cases had been documented up to then. If one takes into account the problems of definition and diagnosis which preclude any unequivocal identification and which will be discussed in the following, then any number may be correct, i.e., there may be more than 800 cases or the number may only be very small and inconsiderable. The supposition that there is no system behind the alleged unjustified committal of dissidents seems likely in view of the fact that even from the critical Western point of view, there are no recognisable criteria according to which certain critics of the Soviet regime are ordered to receive psychiatric treatment rather than prison sentences (5). Wing (1974) has considered whether humanitarian motives did not prevail on the part of the psychiatrists, as was the case with the prominent American poet Ezra Pound (6). Pound had collaborated with the

Axis Powers and would probably have been sentenced to death, had he not been declared insane. Similar assumptions can be found in the Amnesty International Report of 1975 on Soviet psychiatry (7). It is certain, however, that the superficially plausible explanation is untenable, that intellectuals are locked up as "madmen" so that they lose all credibility, as Hantel maintained in 1977 (8). Insofar as detailed case studies are available at all, it can be concluded that the alleged pathologisation extends to all strata of society; as far as intellectuals appear at all it cannot be concluded that they had exerted a strong political influence.

A further reason for the supposition that large numbers of opponents of the regime did not disappear behind the walls of lunatic asylums seems to be that in the same period many thousands of opponents of the regime were taken out of circulation in a much simpler way: by sentencing them to prison or hard labour. Moreover, the reports of unjustified incarceration that have appeared in the Western media also report that the psychiatric diagnosis was often made after several expertises had been done. From this one concludes that those making the decisions had not made it easy for themselves.

### **The Political Function of Psychiatry**

The efforts of psychiatry in general and forensic psychiatry in particular to arrive at differentiated diagnoses must be seen in the light of the understanding that psychiatry has an eminently political function. Von Baeyer, who is even claimed posthumously as a patron of the International Association on the Political Use of Psychiatry assigned the psychiatrist the office of sentry at the gateway to abnormality (9).

This underlines the importance of psychiatry, which is on a parallel with jurisprudence of State law and order. The psychiatrist who practises forensic science is expressly defined by law as an assistant to the judge and in the Federal Republic of Germany one can observe day for day how psychiatrists working in the courts don the assistants overall with indecent haste in order to tender their expertise. As a science, forensic psychiatry is less concerned with filling in, defining and - where necessary - querying the concepts at issue of the borderline area of jurisprudence and psychiatry in a joint endeavour, than assuming a conformist attitude. The psychiatrist acts in conformity with the current demands of society.

The dimensions of forensic psychiatry which are used to gauge the need for treatment of its clientel are not orientated on self-imposed definitions of sickness and suffering but on the developments in society at large and the changing societal values, mainly as formulated in law and in jurisdiction. The liberalisation of sexual attitudes at the end of the sixties, particularly the de-criminalisation of homosexuality, led the psychiatric clinics to release many of these patients. Another example is the ruling of the Bundesverfassungsgericht (Federal Constitutional Court) of October 8, 1985, which limits the length of committal to a psychiatric hospital according to § 63 StGB by the principle of proportionateness.

The accusation of pathologising political opponents, should certainly not be limited to the Soviet Union. The case of the famous American poet Ezra Pound has already been mentioned. In the Federal Republic of Germany considerable efforts were made to reduce terrorist activities to the level of the psychological or psychopathological problems of the activists (11-15). Support came from England: jazzed up with vulgarized psychology, Hitler was marketed as the real author of the political criminality in the Federal Republic (16). The opportunity to push this down to the level of pathological personalities was the obvious choice when the revolutionary rising hoped for by the protagonists did not happen.

But even well on this side of the divide beyond which psychiatry is used directly as a political weapon it is nonetheless engaged in politics. Ewald, professor of psychiatry at Göttingen University, proclaimed 1959 in the 5th edition of his textbook the following regarding the "fanatic psychopaths": It becomes more serious as soon as communal interests are thwarted or opposed by fanatics; they refuse to serve in the army, because killing is a sin, they champion nebulous or impracticable political ideals which bear no relationship to reality. They think that justice needs protecting because a court allegedly passes judgments that are not impartial and perverts justice" (17). The naivety and the lack of reflection revealed by these sentences is appalling.

Just in passing, Ewald mentions a subject that is perhaps the hottest in forensic psychiatry: querulousness. Characteristic of a querulous personality development is - in conjunction with a paranoid interpretation of reality - that the supreme concern is with justice, and no longer with factual explanations. It is very difficult to atune adequately to the persons involved because the pathological personality development is triggered and accompanied by injustices that have really been experienced. The question is, how society deals with these persons.

Commentaries and jurisdiction of the post-war years have endorsed essentially the rulings made during the Nazi-era regarding the commitment of querulous persons to institutions. Commitment to a psychiatric clinic of persons just because they are considered as tiresome was ruled out. Commitment to a psychiatric institution, however, should be considered in cases where the accusations and insults might shake general confidence in the administration of justice or derange the running of public affairs (18). It is clear that the jurisdiction of the Reichsgericht at the time aimed at keeping down the number of persons committed to psychiatric institutions for breaking the law. After this limitation, the legal provisions under which in the Federal Republic of Germany querulous persons can be committed to psychiatric clinics are in their essence no different to the content of Articles 70 and 190-1, which allow of such measures in the Soviet Union.

### **The Disastrous Diagnostic Situation of Psychiatry**

In the charges made against the practices of forensic psychiatric expert opinion in the Soviet Union, in addition to the alleged mania for diagnosing persons as querulous,

criticism of the diagnoses of sociopathy and sluggish schizophrenia features prominently. Now these diagnoses are not Soviet inventions. Sociopathy, which is synonymous with the concept of the antisocial personality, is a concept of psychic abnormality developed by psychiatry in the USA and according to DSM-III is almost exclusively defined by the deficient ability of a personality to conform socially (19). The political function of psychiatry is made crystal clear by this diagnosis, for by definition it is orientated to changing social norms.

An outrage was provoked by the diagnosis of alleged political dissidents as "sluggishly schizophrenic". Again, this diagnosis is not something which was invented by Soviet psychiatrists. To begin with, it is not to be found in the textbook on forensic psychiatry edited by Morosow and Kalashnik, published in 1970 in an English translation (20). The problem of the types of schizophrenia which progress with but few symptoms, which diagnostically are very difficult to distinguish from changes in mental outlook, temperamental upheavals, neuroses or abnormal personality developments, has occupied psychiatry for decades (21). In the individual case it appears almost to be more of a matter of belief than science which diagnosis is eventually favoured, particularly if one assumes a longer period of time for the onset of the illness (22). In German psychiatry, the common diagnosis of schizophrenia simplex is defined by Bleuler in the 15th edition of his textbook as "a sluggish form of schizophrenia" (23). In the 9th edition of the same book (24) appears the following description of symptoms, which is illuminating in this context: "The clinical pictures of this illness can be very diverse: simple breakdown of the ability to carry on one's profession, querulousness to a greater or lesser degree, demanding all kinds of rights without recognising any responsibilities, intoxication, etc."

By ticking off the checklist of the DSM-III neither the nosological problems nor the uncertainties in the diagnosis of schizophrenia will be overcome. In a textbook on forensic psychiatry published in England 1990, Tidmarsh formulates admirably the current state of knowledge on schizophrenia: "Schizophrenia is a term which can be defined both narrowly and widely and it has different meanings for different people; indeed, some people even doubt the existence of such a condition" (25).

Confronted with the diagnosed cases of doubtful schizophrenia in the Soviet Union, Soviet psychiatry has admitted the possibility that there have been cases of "over-diagnosis" (26). From what point the use of such a term is justified, is in the light of that outlined in the above undoubtedly a matter of opinion. This problem is not confined to the Soviet Union. According to a U.S. study, nationwide 24% of patients admitted to psychiatric clinics are diagnosed as schizophrenic; if stringent diagnostic criteria are applied, this number is reduced to 6% (27). Psychiatric diagnoses depend decisively on the theoretical approach used and on the viewpoint of the physician. The study by Hafner et al. found that the most important variable for the diagnoses in a given psychiatric institution were the doctors in charge at the time (28).

### **The Psychiatric Custody of Lawbreakers**

When dealing with persons who are or are held to be mentally ill, there is a widespread attitude among psychiatrists which can be characterised as casually permissive and not always orientated on justice and legality. The reason is not that psychiatrists are cunning villains who - possibly bribed by relatives - delight in people vanishing into their oubliettes, but it has to do with the specific self-image of the psychiatrist and in the image he has of his patients. Patients are considered as minors, they need help, they do not know what is right and good for them. The psychiatrist as legal guardian does know. That he always knows best is often possibly the reason for many a life-long career as a "psychiatric case".

In the Federal Republic of Germany it is possible to commit offenders who are in a legal sense mentally deranged or disturbed to a psychiatric institution for an indeterminate period for purposes of custody and improvement. Committal is subject to certain legal requirements and certain guiding principles of the supreme court which define the law more precisely. In my experience, which is now being checked by a specially designed study, the proportion of persons committed to psychiatric hospitals whose custody is in contravention of established rules can be estimated at about one fifth. Frequently there is infringement of the provision that the offence must be symptomatic of the mental disturbance that the offender is suffering from or that it is not a disturbance of a long term nature or that recidivism is just possible but not likely. The persons present at the trial allowed the wrong decision to become effective in the first instance - if it had gone to a court of appeal the verdict would have been overturned - partly out of ignorance and also partly because they felt that they would be doing the offender some good by ordering committal to a psychiatric hospital.

What is often forgotten are the inherent dynamics of internment. The actual reason for committal is easily lost sight of. Subsequent infringement of the rules of the institution - consumption of alcohol and escapes - draw attention to the offender and result in sanctions, which almost automatically result in a prolongation of the term of custody which then bears no relation to the unlawfulness of the original offence. This happened to a man whose case came before the German Federal Constitutional Court: For stealing a fur coat he had been sentenced to nine months imprisonment and commitment to a psychiatric hospital. As a result of this sentence he remained in the psychiatric hospital for 15 years. His detainment was prolonged each year because he periodically exhibited abnormal behaviour (29). The situation in the USA is no different. Steadman and Coccozza (30) have demonstrated that many offenders who were labelled mentally ill stayed considerably longer in hospital than they would have in prison for the same offence.

As stated above, it is not known exactly how many dissidents have been committed as mentally ill to institutions in the Soviet Union. However, we do know with some exactitude that in 1966 there were no fewer than 976 persons held illegally in correctional state hospitals in New York State (31). The affair, known as the Baxstrom

decision of the U.S. Supreme Court, became well known because, with the aid of large scale survey which had become possible by chance, it was demonstrated that psychiatry tends to overestimate the potential danger to society of mentally disturbed offenders who are committed to institutions. Only one out of three offenders who had been declared dangerous more or less deserved this attribute. The Baxstrom decision, however, not only deserves attention because of the uncertainty of psychiatrists' prognoses, but also because it demonstrates how unscrupulously psychiatrists can disregard legal provisions.

Robitscher (32), in his extremely informative and critical work on psychiatry, its power and its misuse, has collected a number of cases which clearly demonstrate how in the U.S. unbelievable injustice is done to persons who are, or are in the eyes of their psychiatrist, mentally ill and dangerous. Occasionally a case is given publicity but is not known for certain exactly how many people are kept for decades in mental institutions without even having the chance of adequate legal recourse. Confronted with the practices in dealing with mentally ill offenders, Robitscher draws the conclusion that America, too, has its Gulag Archipelago.

It is an easy option to dismiss any comparison between the improprieties of psychiatric practices in the Soviet Union and the West. The contraventions that occur in the West appear to pale into insignificance beside the charge that the Soviets lock up healthy people in mental hospitals, who according to the Western sense of justice would not have even transgressed against any norms. If the political function of psychiatry is taken into consideration, which is dependent on the respective system and thus has differing selective criteria, it is apparent that there is no vast difference between them.

### **The Athens Resolution**

In mid October 1989, the 8th International Congress of the World Association of Psychiatry was held in Athens. The Soviet Society of Psychiatry had resigned its membership of the Association in 1983 in anticipation of its suspension. Now the Soviet psychiatrists were trying for readmittance. This was approved unanimously, albeit on the condition of a term of probation. The resolution was preceded by long and heated discussions in psychiatric circles. The hard-liners among the Western psychiatrists demanded a longer period of several years' probation, in which Soviet psychiatry should penitently confess all its evil deeds and remove all those from positions of authority who were formerly responsible for psychiatry policy. Otherwise, they argued, no reforms were to be expected.

It was a wise decision not to insist on such a humiliating course, which would have driven Soviet psychiatry into isolation yet again. The condition that was stipulated, that a commission of the Federation should inspect annually the conditions in Soviet psychiatric institutions, is so one-sided that it, too, can hardly be seen as a reasonable injunction: for who will inspect the inspectors? Will there be commissions to examine conditions and abuse in the psychiatric clinics of the rest of the world?

The Athens Congress could easily have turned into a glass house festival. If, for the sake of the *genius loci*, there had been a competition for who treats their mental patients the worst, the host country would possibly have won the gold medal. Bairaktaris summed up the findings of his study of Greek psychiatric institutions in 1984 (33) thus: "The conditions in Greek psychiatric institutions can only be described as awful, deplorable, as beyond description. The living conditions are in the true sense of the word unworthy of human beings. The patients live crowded together in antiquated, mainly barrack-like buildings, guarded by warders; if they become restive, today - as in the Middle Ages - they are often put in chains. A deadly emptiness and passivity prevail, the inmates just vegetate surrounded by souldestroying monotony, cut off from all contact with the world outside - all this obtains in the urban institutions but is even more extreme in the distant 'colonies'." Bairaktaris had some difficulty in finding an appropriate adjective to describe the conditions in the Greek institutions after the better conditions prevailing in the Federal Republic of Germany had already been described as wretched and inhuman (34). Is there an escalation of the attribute "inhuman"? A few weeks before the congress in Athens, the news magazine "Der Spiegel" carried a report (35) on Leros as "the island of the insane". Does the word horrific suffice?

The Western world - as Wulff pointed out back in 1977 in connection with his analysis of Soviet psychiatry - has no grounds whatsoever for self-righteousness (36).

Robitscher (37) has reported in detail on the repellent conditions in the state psychiatric clinics in the USA: one psychiatrist is responsible for some 2000 patients, the majority of whom drift towards their hospitalized end in a semi-conscious state. There is more staff in the private clinics but this is not always for the good of the patients. Psychotherapeutic interviews do take place but old methods are trusted more: some patients receive more than 300 electric shocks.

In the fifties considerable efforts were made in the area of criminal therapy, which also found acceptance in the USA. The main criticisms of the institutions centered on bad accommodation, the lack of therapy, and the extremely long periods of committal. The Patuxent institution had a particularly bad reputation and it was closed down in the end as a result of the pressure brought to bear by the Civil Rights Movement (38,39).

The celebrated reform of psychiatry in Italy has, unfortunately, passed by the forensic psychiatric clinics (40). In May 1988 I had the opportunity to visit the Ospedale Psichiatrico Giudiziario in Reggio Emilia. The dismalness of its interior can certainly compete with Kasan. The psychiatric therapy offered is very meagre, to say the least. Otherwise, care of the clinic's 130 patients is in the hands of 10 nurses and 70 soldiers. In Italy, the special hospitals also do not come under the Ministry of Health but are administered by the Ministry of Justice.

In the Federal Republic of Germany, the Federal Government's enquiry into psychiatry 1975 came to the conclusion that forensic-psychiatric institutions ranked at the very bottom of the psychiatric service, which as a whole was suffering from neglect anyway (41): bad buildings, cramped conditions with up to 40 beds per dormitory, lack

of therapy concepts. What I wrote in an expertise on a large forensic-psychiatric hospital is applicable to the majority of institutions, to which mentally ill offenders are committed (42): "The whole... is overshadowed by a specific kind of desolation and uneventfulness. One has the feeling that here lives are diluted and trickle away."

No, the Federal Republic of Germany has no reason to sit in self-righteous judgment on other countries. The long overdue regulation of the internal functioning of the forensic-psychiatric clinics only became law in the eighties. At the same time, an improvement of care in a number of clinics was achieved, rather late, one would be forgiven for thinking, as the Federal Republic of Germany had long been one of the world's richest countries. The disparity between the living standard of the man in the street and the conditions of life for his countryman in a psychiatric clinic is most probably far greater in Germany than in the Soviet Union. Psychiatry in the Soviet Union lags behind developments in the Western industrialized countries but probably not by that much. When we were with our Soviet colleagues, we could feel the winds of change blowing, bringing hope. What matters now is that we do not desert them.

### Notes

\*Participated in the trip: Prof. Dr. Foerster, Tübingen; Prof. Dr. Leygraf, Essen; Prof. Dr. Rasch, Berlin; Prof. Dr. Steller, Berlin.

### REFERENCES

- 1 Assistant Secretary of State for Human Rights and Humanitarian Affairs, U.S. Department of State (1989) Report of the U.S. delegation to assess recent changes in Soviet psychiatry. In: International Association on the Political Use of Psychiatry (ed.): Documents on the political abuse of psychiatry in the USSR, August 26.
- 2 Reddaway, P. ( ) The current situation in the Soviet Psychiatry regarding political abuses. In: International Association on the Political Use of Psychiatry in the USSR, August 26.
- 3 Friemert, K. (1988) *Psychiat. Neurol. med. Psychol., Leipzig* **40**, 671-677.
- 4 Rasch, W. (1990) Criminal responsibility in Europe. In: Bluglass, R., Bowden, P., and N. Walker (eds): Principles and practice of forensic psychiatry. Churchill Livingstone, Edinburgh, Melbourne, New York, p. 299-305.
- 5 Block, S., Reddaway, P. (1978) Piper, München, Zürich.
- 6 Wing, J. (1974) *Brit. Med. J.*, **1**, 433-436.
- 7 Amnesty International: Politische Gefangene in der UdSSR. Amnesty International Publications, London, November 1975.
- 8 Hantel, W. (1977) *Befreiung*, **9**, 6-34.

- 9 v. Baeyer, W. (1951) *Nervenarzt*, **22**, 457-462.
- 10 BVerfG (1986)*R&P*, **4**, 25-31.
- 11 Geißler, H. (1978) Olzog, München, Wien.
- 12 Stierlin, H. (1978) *Familiendynamik*, **3**, 170-198.
- 13 De Boor, W. (1978) Terrorismus: Der "Wahn" der Gesunden. In: Schwind, H.-D. (ed.): Ursachen des Terrorismus. De Gruyter, Berlin, New York, 122-153.
- 14 Blath, R., Hobe, K. (1982) Strafverfahren gegen linksterroristische Straftäter und ihre Unterstützer. In: Bundesministerium der Justiz (ed.): Recht. Report for the press and public relations.
- 15 Rasch, W (1979) *Int. J. Law and Psychiatry*, **2**, 79-85.
- 16 Becker, J. (1978) Hitler's children. The story of the Baader-Meinhof terrorist gang. J. B. Lippincott Company, Philadelphia, New York.
- 17 Ewald, G. (1959) Neurologie und Psychiatrie. Urban and Schwarzenberg, München, Berlin.
- 18 KG I. StS of 17.02.1960. JR 9 (1960), 351-352.
- 19 Diagnostisches und statistisches Manual psychischer Störungen: DSM-III-R. Translation after revision of the 3rd edition of the Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association. Beltz, Weinheim, Basel 1989.
- 20 Morosow, G., Kalaschnik, S. (1970) Forensic psychiatry. International Arts and Science Press Inc. New York.
- 21 Smulevich, A. (1989) *Schizophrenia Bulletin*, **15**, 533-539.
- 22 Mayer-Gross, W. (1932) Klinik. In: Bumke, O. (ed.): Handbuch der Geisteskrankheiten. Vol. IX. Springer, Berlin.
- 23 Bleuler, E. (1983) Lehrbuch der Psychiatrie. Springer, Berlin, Heidelberg, New York.
- 24 Bleuler, E. (1955) Lehrbuch der Psychiatrie. Springer, Berlin, Göttingen, Heidelberg.
- 25 Tidmarsh, D. (1990) Schizophrenia. In: Bluglass, R., Bowden, P and N. Walker (eds): Principles and practice of forensic psychiatry. Churchill Livingstone, Edinburgh, Melbourne, New York, p. 299-305.
- 26 Churkin, A. (1988) *Psychiatry and politics. Interview. New Times*, **43**, 41-43.
- 27 Robitscher, J. (1980) The power of psychiatry. Houghton Mifflin Company, Boston, p. 166.
- 28 Häffner, H., Cesarino, A.C., Cesarino-Krantz, M. (1967) Konstanz und Variabilität klinisch psychiatrischer Diagnosen über sechs Jahrzehnte. *Social Psychiatry* **1**, 14-25.
- 29 Fabricius, D., Wulff, E. (1984) *R&P*, **2**, 15-23.
- 30 Steadman, H.J., Cocozza, J.J. (1974) Careers of the criminally insane. Lexington, Massachusetts Toronto, London.
- 31 Steadman, H.J. (1972/73) *The psychiatrist as a conservative agent of social control. Soc. Probl.*, **20**, 263-273.
- 32 Robitscher, J.: s. *footnote*, **27**, p. 55-77.
- 33 Bairaktaris, K. (1984) Anstaltspsychiatrie in Griechenland. Lit. Verlag, Münster.
- 34 Deutscher Bundestag: Zwischenbericht der Psychiatrie-Enquête. Drucksache 7/1124.
- 35 Griechenland (1989) *Verhältnisse der vierten Welt. Der Spiegel*, no. **38**, 204-207.
- 36 Wulff, E. (1979) Psychiatrie und Herrschaft. Argument, Berlin.
- 37 Robitscher, J.: s. *footnote*, **27**, p. 118.
- 38 Crowley, B. (1972) Maryland's defective delinquent law. Nightmarish prelude to 1984. *Correct. Psychiat. J. Soc. Ther.* **18**, 15-20.
- 39 Prettyman, E.B.Jr. (1972) The indeterminate sentence and the right to treatment. *The American Criminal Law Review* . **11**, 7-37.
- 40 De Fazio, F., Luzzago, A. (1984) L'hôpital psychiatrique judiciaire (H.P.J.) dans la législation italienne. *R. v. Sper. Freniatria* **108**, 3-16.

- 41 Deutscher Bundestag: Enquête-Kommission Psychiatrie. Drucksache 7/4200.
- 42 Rasch, W. (1984) Krank und/oder kriminell? In: Der Direktor des Landschaftsverbandes Westfalen-Lippe (ed.): Maßregelvollzug in Westfalen-Lippe. Pressestelle Münster.

**Reprints request to:**

Wilfried Rasch  
Institute of Forensic Psychiatry  
Free University of Berlin  
Limonenstr. 27  
D-W-1000 Berlin 45