

Abuse of psychiatry in Ukraine

Semyon Gluzman

Association of Psychiatrists of Ukraine

Phenomenon of psychiatry abuse for political aims has consisted of two components: Soviet psychiatry paradigm willingness for such an aberration, and authorities' readiness to use psychiatry as a repressive deterrent. Contemporary researchers looked at about 200 psychiatry repression victims in Ukraine. Preliminary results are the subject of this paper.

Key words: political, psychiatry, abuse, Soviet, Ukraine

It happened in my life that being neither a revolutionary or politically involved youngster I found myself in a leading position in a struggle with a big totalitarian system. Dreaming about a quiet, peaceful life of a country physician sharing medical activities with literary work I found myself, not without regret, a specialist in one of the most cruel features of totalitarian thinking – political abuse of psychiatry. Yes, not without regret. I do regret. I do regret being born in such times and in such a country. I regret these professional abilities I had lost. Last but not least, a man experiencing himself in prison, stale food and lack of family is against the human nature.

I have succeeded, I survived. I succeeded and my country succeeded to get freedom and independence without any war. Now, I would like to tell you not about heroism and moral power necessary to oppose being a “prisoner of consciousness” in Soviet Union. I shall be telling about the other side: about dirt and blood and repulsive elements, which participated in bringing humanity into the verge of a fall, and searching for a way to survive in the totalitarian state.

Abuse of psychiatry is by no means the Soviet phenomenon only. It has been existing for centuries. Citizens of Abdera, in ancient Greece, characterised by common sense and practical mind, humble in their religious practice found their compatriot Democritus crazy. Democritus was telling such strange things that they called for a physician to cure the mental illness of Democritus, expecting he will be able to persuade him towards a more healthy concept of the world, such as the one they were used to. The widely recognised doctor came from Kos. His name was Hipocrates. Those two famous Greeks had a nice and quite conversation under the trees. Later on citizens of Abdera had a chance to listen to psychiatric expertise given by Hipocrates that Democritus

has a clear and sound mind, which cannot be said so about his compatriots. This was in ancient Greece.

It was completely different in the Soviet Union. A healer - academician Andriej Sniezhnievsky having examined many Soviet dissidents declared them mentally ill. It happened in a case of Vladimir Bukovsky, and Leonid Plush, and Petr Grigorienko, and many others, whose mental health did not arouse any doubts.

Totalitarian states try to make their myth the reality. There is however one serious obstacle - the human consciousness. It does not wish, and even is unable to swallow idealised concepts of political fanatics who do not try to understand that myth, piece of art, a word said, codex of law, social system are all nothing else than human consciousness phenomena.

Totalitarian leaders, usually lacking fundamental education, calling for self-criticism build their own systems of values based on lies and mass terror. Prison or death – that is a fate of those of their co-citizens, who dare speak loudly: “Everything you see – changes, and will soon disappear. Think about those many changes you witnessed” (Marcus Aurelius).

Totalitarian thinking does not look back. It is lacking ethical needs. The thinking of those people who formed a body of psychiatrists in a totalitarian state is totalitarian too. There was no other solution. Specific upbringing, selection and fear were a guarantee of forming such a system of thinking. “The thinking man is a degenerated animal” – this sentence of Rousseau could be placed on totalitarian psychiatrists’ coat of arms (but also philosophers, writers and teachers).

Ancient Greeks differentiated three types of mental disorders: mania, melancholy and incapacity. Contemporary psychiatrists identify a big number of pathological states but the comparison of paradigms has also another aspect:

- Soranos of Ephesus, in Hadrian times said: “Physicians comparing mentally disordered people as wild animals and treating them with hunger and thirst, should themselves be recognised as mentally disordered and not allowed to treat others”.
- Well, in the 20th century physicians in nazi Germany were healing soul and body of the nation by extermination of the mentally ill.

We are nor wiser nor better then our ancestors. Our knowledge on many matters is illusionary. The wise man is the one who takes proper decisions and undergoes permanent changes, and not that one who follows only technological progress. Our ancestors had recognised that professionals who are to save people in situations critical for their mental and body health are capable in bringing human beings to the verge of an abyss if representatives of that profession would not abide the fundamental ethical norms.

The totalitarian approach to the world, the world of science including, does not allow for reflection. Reflection, otherwise ability and need to come to conclusions, in a similar way as looking through a window one could see oneself walking in the street. This is a fundamental attribute of free thinking. Scientific thinking too. Science, which does not become a subject of its own study and reflection is worthless, dangerous and by the end suicidal.

History of psychiatry remembers a lot. Blood and suffering, rising wise men and betrayed teachers. Could psychiatry be separated from its' times, and its' country? The holy Inquisition was persecuting with great energy those who with free will were giving themselves into a power of demons and exterminated many people suffering from depression or delusions of guilt. Luther said: "In my opinion, all mentally ill had been made so by the devil. If physicians suppose that these disorders have any natural causes, they do it only due to not recognising the power and might of the devil." Another quotation, from Professor Ushakov (Moscow 1973): "Scientific ideas which dominate the scientist's cognition, fanatic's ideas and believer's ideas are only variants of the same 'overvalued' ideas we can find the phenomenon of overvalued ideas in a clinical picture of paranoid disorders, in paranoid patients (...)". It is worth noticing that it is a quotation from a textbook for undergraduate medical students published in Moscow in 1973. The Author, Professor Ushakov was not included into commissions studying cases of political and religious dissidents.

Abuse of psychiatry for political reasons in the Soviet Union territory was a system. Publication of the secret documents of the communist party leadership and KGB revealed the truth about using such a psychiatric practice in the Soviet Union.

Phenomenon of abuse of psychiatry for political reasons had two components: readiness of the Soviet psychiatry paradigm to this kind of aberration, and the wish of political powers to use psychiatry as a frightening repression tool. Due to objective and subjective reasons there is no reliable statistics of victims of psychiatric reparations in Ukraine during the Soviet regime. Nevertheless it is obvious that thousands of Ukrainian citizens became victims of intensive psychiatric repression.

Contemporary researchers of this painful phenomenon were able to study about 200 people. The Ukraine Psychiatrists' Association established a special research group of three highly qualified psychiatrists and a forensic psychologist to study those who 15-20 years ago were forced to psychiatric treatment clearly for political reasons. It is obvious I did not join the group being subjectively involved as a survivor of these events. The research group had studied only those people whose cases were assessed as free from psychiatric disorders by the WPA commission, or the APA commission, experts from other countries or competent, politically independent Ukrainian psychiatrists. Gathering of data proved extremely difficult especially for those who are recovering from serious repression. These people very rarely can talk spontaneously about their past experiences and react with sleep disturbances, depression and decrease of contact when attempting to bring back their memories.

A special questionnaire was developed for the study. It is obvious, that a formal set of questions could not cover the whole spectrum of the problems studied. For this reason a psychologist interviewed those studied freely. Some of the interviews were video registered.

The study has been finished and its results are to be published in a book. A bitter book, one might say.

Its' authors permitted me for a short quotation:

"The people perceived the future as practically a non-existing reality. They had no hope. Emotionally they were cut-off from the future. They had to live in an on-going

reality. On-going reality was formed of a chair, a window, sound made by the doors, cries in the nights, a bed of a neighbour, a neighbour himself fighting with a serious mental disorder, arrogant, or in a case of luck – a good paramedic, a good doctor, medications, after which one became deeply convinced that the end is coming soon. The end appeared to be wished for; death was a saving from the suffering. The pain of the soul, but a small light of hope were secretly saved behind a cover of false appearance, which served as defence, separating from memories.

One had no right to have an intrapsychic life. One consciously did not allow him for an internal mental life. Intuitively it was felt, understood and decided that there is no time for emotions, otherwise one could not survive. One isolated one's own emotions from oneself.

Formal bringing non-important details in relations-confessions gave evidence of strong mental mechanisms, while the central problem stayed hidden inside. Those interviewed related main events, which in that external situation were becoming more important. It is understandable that talking about the most important problem – they were crying, and many – to avoid crying – tried to speak about it with reserve or did not speak at all”.

What is a goal of such study and of such a publication? So much has been already said and published. The goal is obvious: to understand and to assess the phenomenon of abuse in psychiatry from a perspective different from that of a Harvard law professor or a London professor of psychiatry. The other perspective is that from the inside of this bitter country and from inside of the psychiatric profession. We wanted to understand and to assess not the factual evidence of written documents, but the people participating in the events personally. My colleagues achieved a lot. Their success is in that, they managed to talk with people to get to their memories, which otherwise would go with them to their tombs.

Specificity of “treatment” conditions in Soviet Ministry of Internal Affairs special psychiatric hospitals has been vaguely described. There are no doubts this way of psychiatric repression was especially serious, more frightening than normal imprisonment in jail or a work camp. Here, authorities were using an exceptionally wide range of stressful measures. These various stressful factors experienced by prisoners of psychiatric prisons can be divided into three groups:

1. Physical stressors

a) Exceptionally crowded dormitories. Former prisoners of special psychiatric hospitals and international experts give evidence that the space between beds was too narrow even for one person. Several people could not move at the same time. Therefore prisoners had to stay in beds sitting or lying in stale air (there was no ventilation).

b) Primitive, monotonous, awful food. Poor alimentary regime was one of the most effective methods influencing behaviour of prisoners in Soviet penitentiary institutions. Specificity of psychiatric prisons was that the prisoners were given smaller meals than in normal prisons or work camps. The reason was quite simple: a serious part of common “cauldron” was shared by the so called “sanitars” selected for compulsory work

among sentenced criminals. Former prisoners of special psychiatric hospitals report also, that “sanitars” used blackmailing, mental and physical abuse to take alimentary products, which families managed to send to the prisoners. These were fully accepted by the administration.

c) There were no basic conditions for physical exercises or walking in fresh air. Scheduled 1-hour daily walks were executed in such a way that the prisoners were taken room by room into small prison yards, with no plants or sport equipment. Concrete walls and macadam floor, a barbed wire net above – were a typical space for walks. Moreover, a time for walks was usually shortened by half, by the administration. And, not as a will of the prisoners (it was a legal violation of rights, but prisoners sent to psychiatric hospitals were not able to keep their watches, which was characteristic for the whole Soviet penitentiary system).

d) The heaviest physical suffering, according to former prisoners was the absence of toilettes. Toilettes were available for three minutes for a prisoner in a strictly scheduled time of a day. No comments needed. It is enough to mention that a major part of those treated were not dissidents, but serious mental patients, with mental defects and disturbances of moral control. It should be also mentioned that prisoners of special psychiatric hospitals were given large doses of neuroleptics, which affected gastrointestinal peristalsis.

e) Undoubtedly physical abuse by criminals – “sanitars”, was a physical stressor for prisoners, usually so cruel that it resulted in chronic consequences. Witnesses report also about death of identified persons in consequence of physical abuse.

2. Moral and psychological stress factors:

a) Diagnosis of a serious mental illness followed by enforced intensive treatment itself was a serious stressor for mentally sound dissidents

b) Heavy aspect of compulsory placement in a special hospital appeared to be unlimited time of imprisonment; regular reviews by special commission (every six months) appeared to be a mere formality; discharge or transfer to a little better conditions of a general psychiatric hospital was decided by KGB with purely a symbolic role of physicians and courts.

c) An important psychotraumatic factor was the evidence that even after discharge there is no real life perspective; one was forever registered as a mental patient.

d) Placement in a psychiatric hospital deprived prisoners of basic legal rights, available for those imprisoned in jails and work camps.

e) Sorrow thoughts about families left were deepening in hospitals; one of the former prisoners of a special psychiatric hospital in Dnepropetrovsk said: “I had envied Stus family and Sverstuk family, they could be proud, even crying, but be proud. My family was not a family of political prisoner, they were the family of the mentally ill”.

f) Medical staff, evidently fulfilling operational-investigation functions, aimed for the prisoners to abandon their political believes, by intensification of treatment with shocks, neuroleptics and *sulphosin*, which led many dissidents prisoners to adopt finally an ideological mimicry and to present “withdrawing paranoid formations”.

g) However in every special psychiatric hospital of the Ministry of Internal Affairs there were several dissidents at the same time, but they were never placed together. Each was “treated” in dormitories shared with mentally ill patients who had committed serious crimes. Contact with other dissidents was forbidden, they stayed for years among severely mentally retarded, chronic catatonics, etc.

h) Prisoners of special hospitals were not allowed to have paper and pencil, access to books and newspapers was strictly limited. Therefore, it was impossible to engage in any activity even temporarily isolating from a bitter situation and unbearable surrounding. If prisoners started to learn foreign languages physicians were finding it as symptoms of “worsening” and were increasing neuroleptic doses. One of the former prisoners, himself a physician, said that his doctor who brought him a medical book in his speciality to help him to defend his “T”, was seriously punished.

3. Medical stressors

a) Former prisoners indicate injections of *sulphozin* as a first in this group. Sulphozinotherapy was developed in 1924 by Danish psychiatrist Schroeder-Knud as a method of treatment for *paralysis progressiva*. Without any biochemical, electrophysiological or clinical research evidence of mechanisms or effectiveness of this method, it is in use in Ukraine till today. All former prisoners of psychiatric prisons have reported evident use of long-term sulphosinotherapy as punishment (serious muscle pains, tiredness, asthenisation, and pyrogenic effect).

b) Both dissidents and international experts visiting psychiatric prisons in the Soviet Union report using atropine coma treatment. Professional Soviet literature confirms that practice, informing about high risks connected with this archaic method of treatment.

c) Significant number of dissidents-survivors of compulsory psychiatric treatment informs about being subdued by the powerful action of insulin coma treatment.

d) Treatment with neuroleptics was performed permanently, every day, year after year. Almost all former prisoners report that corrective medications (to treat or diminish extrapyramidal symptoms) were often, under a threat of beating, taken from them by younger staff members (so called “sanitars”) and used by them as psychoactive agents. Former prisoners call neuroleptic therapy the heaviest affecting factor, taking into account their immediate effects and prolonged use. A physician who spent many years as a prisoner of a special psychiatric hospitals described the situation of a mentally sound, quiet person after a high dose of neuroleptics (Majeptil, which was the most often used medication at that time) in these words: “Imagine a huge room, crowded with beds, making any movement between them difficult. There is no free space at all. You got Majeptil, and in consequence you feel an irresistible need to move, go around the room, to speak, and around you there are dozens of murderers and rapists (...) no place to move, any movement brings a risk of meeting a neighbour with similar disturbances. It goes on for days, months and years”.

e) Self-perceived mental change as effect of medication action appeared in all prisoners. Fear of irreversibility of those changes, of losing previous personality forever,

former way of life, former professional involvement was a heavy burden for prisoners. Physicians, as a rule, did not admit that these changes are transient and were using this fear as a way to modify prisoners' political or religious beliefs.

It should only be added that the intensity of application of medical stressors, in other words, intensity of "treatment" was quickly decreasing if prisoners entered ideological "mimicry", openly declared change of earlier beliefs, judgements and behaviour. And vice versa.

In analogy to Frankl's description of mental status of prisoners of Nazi concentration camps we can say, that reactions of people sent for compulsory incarceration into special psychiatric hospitals developed in three stages: incarceration shock, characteristic character changes in long-term hospitalised prisoners and liberation.

Incarceration shock. Descriptions given by all those that were firstly sent to special psychiatric hospitals are similar. Maybe the most instructive is that regarding the first night of a prisoner-physician. All his observations and feelings there (after being beaten by sanitars) he describes as an acute panic attack. Four people reported that in first hours and days in a special psychiatric hospital they developed intensive suicidal thoughts, which they did not experience when arrested, nor in investigation jail, nor during transportation.

Typical personality changes (adaptation phase). Bethelheim hesitated why human beings can survive so much, why they do not commit suicide or get mentally ill. Imprisonment in a psychiatric hospital, without any time limits, appears to be a conglomerate of overwhelming stressors of prolonged action, but there were no suicidal attempts among prisoners-dissidents.

Unlimited stay at hospital-prison brings about an experience of a loss of present. The human existence is impossible with no stable point of reference in the present. Prisoners of psychiatric hospitals, different then those in political work camps had no such point of reference. Their reports on the course of their adaptation to hospital conditions allow for identification of such personality changes as irritability followed by withdrawal, deficits in higher emotional functions. Probably this is similar apathy as described by Frankl in concentration camps prisoners.

However, it is not so simple. All those interviewed reported that other prisoners as well as the severely mentally ill patients and completely competent ones (there was quite a large number of those too), usually apathetic and withdrawn, had episodes of aggressive behaviour. We believe that the problem cannot be explained by pathological, psychotic development, or at least not fully. It seems to be obvious that apathy and aggression – immanently connected with these conditions influenced each other. Moreover, one can suppose a change in defence mechanisms. Psychological studies on nazi concentration camps survivors suggest such interpretation.

Study of prisoners-dissidents revealed their behaviour in hospitals as being more balanced without auto- and hetero-aggression. A detailed study allowed for identification of attitudes which enabled preservation of "I" in a "totalitarian-repressive organisation" [Goffman] (to prevent subjectivity the list of attitudes was arranged by

authors of the study):

- 1) Religious belief. At the beginning of imprisonment only some of the prisoners were believers; at the end – all of them.
- 2) Being convinced, that your political beliefs are solid, and you are not mentally disturbed.
- 3) Adaptation to frightening conditions as described by Frankl.
- 4) Being convinced that the world, including psychiatrists in other countries, know about you and are willing to help and save you (however, we know now – not all; the world was following its own affairs and many psychiatrists did not want to get involved into “political intrigues”)
- 5) Scarce information available from the outside in hermetically isolated institutions was preventing deprivations and a supported belief that “the world knows about my country and is fighting for me”.

I can add, from myself, something no one from those studied could say. No one could. Researchers did not dare to ask. I believe that massive doses of neuroleptics aimed to change the dissidents’ mentality at the same time were lifting pain of separation from important persons, pain of hopelessness, and physical pains resulting from being beaten. Saving – they were damaging, and damaging – saving.

Barton presented another phenomenon, the so-called “hospital neurosis” in long term schizophrenic in-patients of huge American psychiatric hospitals. He described factors causing this specific neurotisation of patients. In our opinion they also cause specific character changes in prisoners of special psychiatric hospitals in the Soviet Union:

- 1) Need of contact with external world
- 2) Enforced passivity
- 3) Unquestioned staff authority
- 4) Need of personal belongings
- 5) Huge doses of medication
- 6) Atmosphere of care
- 7) Need of perspective outside of the treatment facility

When put into a totalitarian-repressive organisation, man loses his normal external face and suffers from his facelessness. But even in these conditions people do not lose values of beauty and culture. It is worth mentioning Cohen’s observations about nazi concentration camps: “really, there were prisoners, who were not overwhelmed by egoism, who save some space for altruistic feelings, which experienced compassion with their co-prisoners. Life conditions in a concentration camp could not bring them to the position they brought the other prisoners to”.

Frankl’s report on his co-prisoners of Auschwitz is an adequate description of dissident survivors of Soviet psychiatric prisons: “ They never thought about their life in a camp as a simple episode – for them it was a challenge, the culminating point of their life. One never should say about those people as falling into regression; quite opposite, in the moral sense they were progressing, going through suffering of evolution – in moral and religious sense. Many of those imprisoned, because of being imprisoned,

revealed a subconscious, that means, a repressed turning towards God”.

Years passed on and a new life was beginning. Another life, but not freedom. This life could not be free for various reasons.

A researcher, an objective, unprejudiced student should not be a judge. His aim is not to give a verdict, but to understand. It would be very easy to bring names of physicians who gave their compatriots suffering - and to close the problem. But those names have a secondary problem. As well as the names of those who suffered.

Through years prisoners were coming back to society. But, physically ill they were coming back among people who were mentally different.

Mentality, attitudes toward the world, have not the same as ideology, which is connected with the thought system; its' major part is pre-reflective and logically inexplicable. Mentality is not a philosophical, scientific nor aesthetic system but that level of general cognition in which thought is not separated from emotion, from latent patterns of cognition, People use them, evidently unintentionally, not thinking about their essence and prepositions, about their logical motives.

All this can appear to be a philosophical divagation having little to do with our topic. But paranoia (this diagnosis, in various modifications, was being established in dissidents) can be understood only in close connection with the culture the person belongs to, as delusion is a false belief incongruent with beliefs characteristic for the culture. Diagnostics of paranoia become more complicated when we are talking about the patient belonging to another, little known culture. A psychiatrist diagnosing paranoia without taking into account norms fundamental for a culture makes an intentional mistake.

Being aware of delaying the talk about changes in the former Soviet Union I ask myself: what was the background of diagnosing the dissidents as paranoid? If the mentality of the society truly incorporated belief in declarative values of the state's ideology, the sin of physicians was minimal, or none.

Unfortunately psychiatrists were aware of their wrong doing. There is one solid proof that society did not experience illusions in regard to their leaders, or state ideology. That is a solid proof in the folklore, in thousands of thousands of jokes produced and repeated for decades, against the risk of “disseminating false information blaming the state and the social system”. Jokes and cartoons appearing immediately after introducing any ideological innovations, abuse of psychiatry to deal with their authors including.

They were coming back from psychiatric hospitals to such a life, to such society - not all, some of them. Some only to leave the country, some to be again brought to the court as “anti-Soviet activists” some time later.

Discharge from psychiatric imprisonment was realised step by step. Cruel conditions of special psychiatric hospitals were changed for easier, more open conditions of general; psychiatric facilities. Several months later freedom began.

Prisoners reported that after liberation majority had symptoms never experienced before. Those symptoms we can understand as belonging to the neurotic group. Feeling of tiredness, problems with concentration, irritability, and vegetative symptoms. Comparison with the results of earlier studies done on nazi concentration camp sur-

	Nazi prisoners	Psychiatry prisoners
Neurotic symptoms	78%	60%
Nightmares on concentration camp / psychiatric hospital	47%	45%
Chronic states	44%	31%

vivors show similarity:

We came to assessing pain and suffering outside of ethical categories. I can understand one of the researchers who in an analogous situation wrote in 1958: "Language of psychiatry is too poor to express in its' words all this expert or student of these people it observes. I see a special risk in using an unclear term of "neurosis" which suggests that some official instances have a kind of scientifically based diagnosis".

Really, how to describe in terms of medical discipline the so-called freedom of former prisoners taking into account, that this freedom covered (for many, if not for all):

- a) Continuing of open and camouflage repression.
- b) Moral and physical separation.
- c) Poverty, lack of a dwelling place.
- d) Repression of relatives to increase pressure on dissidents.
- e) Lack of any rehabilitation service for the survivors (especially in authoritarian countries – Latin America, Pakistan etc.).
- f) Presence of psychiatric "labels" with all consequences including legal.

Researchers describing the situation of people liberated from nazi concentration camps emphasised a prevalence of evident depression. In their interpretation, passive victims of furious racism experienced depression even on being liberated.

We did not find any severe depressive symptoms (using direct and indirect questions) in former prisoners of special psychiatric hospitals. We understand this difference as resulting from:

- imprisonment in a nazi concentration camp and in a special psychiatric hospital differed in character and in intensity of stressors.
- while victims of nazism usually were passive victims, prisoners of special psychiatric hospitals were imprisoned in consequence of their active oppositional involvement (however criminal law declared even written words as an activity).
- relativity of "freedom" with all above mentioned specific features required total mobilisation to survive. The situation of concentration camp survivors was different: loneliness, loss of relatives, lack of sense of further existence and many others, but without a prolonged presence of immediate oppression. It should be mentioned, that former prisoners of special psychiatric hospitals who emigrated immediately after liberation (3 from us) showed more serious mental problems: transient depersonalisation, acute nostalgic states, chronic neurotic symptoms, abuse of alcohol. Similar depersonalisation conditions happened also in those liberated from Stalinist concentration camps.

It is worth noting that former prisoners of psychiatry who returned immediately to their families revealed only minimal chronicity of neurotic symptoms. It is evident, that family appeared to be the only institution of social rehabilitation for those people

who were coming back to the hostile world of dying totalitarianism.

It is evident, that people liberated from psychiatric imprisonment in the so-called “perestroika” period were in a slightly different situation. Authorities were no longer using repression. However even then there were some exceptions: two of the group we were studying, were rehospitallised, but in general psychiatric hospitals, for a short time and without pharmacological “treatment”.

Ukraine is now an independent state. The parliament of this new independent state issued a special law on rehabilitation of victims of soviet political repression, which included victims of abuse of psychiatry. Men and women repressed according to former political law were given moral satisfaction in form of a serial rehabilitation document. It did not change their life. The reality is a small income (up to 10 USD per month) and a complete lack of Ukraine state’ concern. For 10 years of a new Ukraine no highly positioned officer of psychiatry has said loudly a word of excuse and expressed any feeling of guilt. Quite opposite, two years ago, one of the participants of the World Psychiatric Association Congress in Hamburg was one of the high leaders of former Ukraine KGB, now – Security Service of Ukraine. And it was he, a general of justice, standing at the roster of the Hamburg Congress presented words which were never heard from the Ukraine minister of health, nor any of his clerks! He, the general of SSU was speaking about former abuse and about the measures taken to prevent them.

Is KGB guilty for this abuse? There is no doubt. However, our psychiatrists’ guilt is bigger.

Psychiatric concepts are almost impossible to be proved in experiment. But, majority of physicians do not perceive them as being beyond boundaries of science. The totalitarian concept of the world ignores conscience as an instrument of cognition. That is a clue to the evil of abuse of psychiatry as a social institution, especially growing in an environment of formal totalitarian one-way thinking. Conscience is for the physician, for a psychiatrist an equivalent of the uncertainty principle in theoretical physics. It should be a cornerstone of his everyday practice. As well as a physicist is unable to measure anything with the demanded exactness, a psychiatrist is limited in his ability to “see” feelings and thoughts of another person.

One might say that, it is easier to declare human rights then to make them a reality. Practical psychiatry, among other goals, has also that of enhancement of authority. Society avoids aggression of mentally disturbed citizens. The power of psychiatry is based on doubtful presumptions. They cannot be changed, as the power itself cannot be changed. It is dangerous, that it cannot be changed nor negated, it can be only controlled. Power is like instinct and can be controlled only by culture.

Cultural, morally oriented psychiatry covering also the cultural open paradigm of psychiatric theories, properly educating the staff – that is a guarantee for psychiatric practice being within the norms of general morality.

Address: Dr Semyon Gluzman
Association of Psychiatrists of Ukraine
Bul. Frunze 103 a, Kyev 252155
Ukraine

