

## FORBIDDEN INSANITY: THE SYSTEMATIC DENIAL OF MENTAL HEALTH ISSUES FROM A STATE-RUN PSYCHIATRY

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### SUMMARY

*The authors discuss the issue of psychiatric care and patients during the second half of XX century in Albania, when the country was under an absolute regime of communism. Completely isolated from the rest of the world, the territory remained a prohibited area for scholars, and local authors due to censorship or self-censorship, offered very scarce information. The general feeling of the public was that of a denial of psychic disorders in total, combined with the fear that this kind of disorders has ever since provoked. Nevertheless, insanity defence was a formulation encountered with a certain frequency in Albanian judicial procedures, although forensic psychiatry was a peripheral part of an already neglected medical specialty. The entire system of psychiatric care was mainly hospital based, and shock therapies (electroconvulsive therapy, pyretotherapy, insulin coma) were normal part of the therapeutic armamentarium along with antipsychotics and social isolation. Some recently unclassified documents and some archival papers, whose exhaustive consultation needs further study, might shed light to the problems of a psychiatry, that are not substantially different from the ones encountered in the Eastern communist Europe of the same period of time.*

**Key words:** psychiatry – communism - shock therapies - health care - archival data - Albania

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### INTRODUCTION

The second half of twentieth century strongly shaped the Albanian society in a variety of forms. The state-run ideology attached to the communist block of Eastern Europe imposed a variety of rules, offered diversity of solutions and created even a larger number of problems and unresolved issues. A mixture of disbeliefs and hesitations, the Albanian psychiatry of post WWII was nevertheless trying to catch the step of what was suggested from the modern medicine, and could not separate itself from the entirety of an underfunded medical system.

The reports and scientific articles that would elucidate the period are scarce, and even more those available in English. PubMed indexed articles from the period produced from autochthonous sources are counted on the fingers of one hand, and mostly even without an abstract in another language (Vehbiu 1962, Vehbiu 1964). Official sources, when available, were largely classified and if published, were almost always manipulated. The communist regime offered a paradisiacal mirror of itself and the insanity was incompatible with the landscape. The fear of the general public was therefore even more justified and fomented: no data were given with regard to the epidemiology of mental disease; no formal pronouncement was made as for prognosis, treatment and rehabilitation. People suffering from psychiatric diseases were summarily grouped with the so-called 'idiots' and 'beggars', according to a recently unclassified document of the Ministry of Interior (Dervishi 2012).

The previously secret documentation including the over-mentioned report is gradually becoming available, although the full texts are not accessible online (Report 1963). Type-written mechanically in few copies and with plenty of typos, these documents nevertheless lack the very essence of information and, apart from their undisputable genuine character, are a taciturn witness of the immense discomfort of the people suffering from mental health issues, their respective relatives and of the medical staff operating in the field during the years of communism (1944-1991) in Albania. To add more, the paucity of written materials with regard to the situation inside and outside psychiatric facilities became problematic year after year, as to consolidate the general approach that mental health issues were not worthy of mentioning at all.

### ARCHIVAL DATA

Foreign authors have summoned up with a high level of intuition the problems of psychiatry within Eastern European countries, with impressive similarities among them. Wim van der Sluijs published on 2002 a detailed report in the form of dissertation, and noted how largely the soviet ideology and communism had injured the care and approach for mentally ill people even in Albania, a country who pretended to have abandoned the Eastern camp in the mid-1960s of the last century (Sluijs 2002). The precious advices produced from him and other authorities from the field however fell into deaf ears, as if it was not the only case happening so.

More interest as for the psychiatry during communism in Albania was raised following allegations that – as in other communist countries – political adversaries to the regime were unwillingly and inhumanely confined into psychiatric facilities, electrically shocked and/or sedated with excessive doses of antipsychotics, to the point of losing their mental capacity (Eghigian 2002, Statistical data 2018). The so-called subgroup of ex-politically persecuted “A1” in Albania was composed from approx. 273 persons, who lost their mental capacities due to torture and ill-treatment inside communist correctional facilities (Statistical data 2018).

In a denying environment it seems paradoxical for an Albanian psychiatrist to accept that schizophrenia was spreading, referring to a paper of 1962 (Vehbiu 1962). The time coincides almost casually with a period of wide reforms in psychiatry, which were (probably) just starting to take place within the communist camp: the well-known Rodewischer theses were formulated and enacted (Späte 1989). The ill fortune followed once again Albania and the unlucky psychiatric patients of the country, who cut all relations with East, having meanwhile already declared war to the western way of thinking and living. This huge social experiment could not leave untouched the psychiatry and its clients.

A comprehensive report of the situation of psychiatry in Albania twenty five years after the end of WWII is given in an article of the chief of the service of neuropsychiatry at the University Hospital Center of Tirana in 1970 (Gjata 1970). The author underlines the fact that the first psychiatric hospital dated back in 1921 in the seashore Albanian city of Vlora. Enthusiastic tones characterizing the manuscript were accompanied with very few data, all in all reporting merely the number of available hospital beds in different psychiatric facilities of the country (Vlora, Durrës, Tirana, Shkodra and Elbasan – the latter being the largest psychiatric hospital with more than 450 beds) (Gjata 1970). However, the author syncopates when it comes to statistical figures, while accepting there were no available data as such in Albania. His absurd albeit forced conclusion is that the ‘socialist order... leaves little space to mental diseases’, and these diseases ‘must be much less frequent when compared to capitalist countries’ (Gjata 1970).

This lack of openness from specialists which were subdued to the monopoly of state ideology was some how balanced from the Minister of Interior itself, in a previously classified document (Dervishi 2012). Thus, the document suggested a figure of 17214 total cases receiving mental care during the period of time 1971-1978, whereas the number of chronic patients was kept as low as 671 from the same source (Dervishi 2012).

### **Shock therapies, health politics and beyond**

The advent of antipsychotics with the chance discovery of chlorpromazine in 1952 spread quite rapidly over Albania as well, and gave local psychiatrists the

opportunity to publish their own data and experience with this class of drugs (Gjata 1967, Gjata 1970). Very interestingly, all references from the article(s) reporting the experiences with these drugs and potential side effects were from a single French journal (*Annales médico-psychologiques*, Paris). The total detachment from the western ways of thinking and living was gradually becoming reality, and Albanian physicians were obliged to consult only but a few sources, under strict governmental control.

In spite of that, and left untouched from the anti-psychiatry movement that flourished in some European areas during the second half of XX century, this medical specialty appraised widely the use of shock therapies. Electroconvulsive treatment was thus available in Albania till ‘90s, if not even later (Vehbiu 1982). The practical manual of 1982 that we’re referring, dedicated seven pages to the care of patients during and after ECT and insulin coma therapy; one should bear in mind that the use of insulin for in psychiatry was abandoned since ‘70s following reports of severe side effects (Bourne 1958).

As a medical procedure of obvious proficiency in certain psychiatric conditions, ECT was unfortunately and as a rule applied while patients were awake and never under general anaesthesia, contrarily to what good and actual practices might require (Soehle 2018). Even the ad hoc Albanian Law on Mental Health, in its revised version, when including ECT as a therapeutic option, suggests that its application is “usually performed under anaesthesia”, but does not foresees obligatory anaesthesia (Law 44:2012).

Electroconvulsive treatment (ECT) and pyrotherapy (or pyrotherapy) were mentioned as successful treatments in the review manuscript quoted above, although the pyrotherapy was carefully omitted in later sources (Gjata 1970, Vehbiu 1982). In fact, pyrotherapy sustained an even shorter period of raise when compared with other shock therapies, and although that the author who coined it received a Nobel prize in medicine or physiology, the method itself was in decline and abandoned as early as in ‘50s (Zuschlag et al. 2016, Tsay 2013). Officially, the pyrotherapy was abolished in Albania several years before 1985 according to the source that we’re referring; however witnesses and physicians suggest it might have been used as far as 1992 and even later in some psychiatric facilities of the country, but probably not in the University Clinic of Tirana (Vehbiu et al. 1985).

Pyrotherapy in psychiatric facilities of Albania was performed through sterile injections of resin (most likely turpentine oil) mainly in the femoral area of agitated persons, deeply in the quadriceps muscle and unilaterally as a rule. Very soon an abscess, febrile status and malaise would force the patient in a bedridden condition that would last until the abscess was surgically evacuated. The procedure that was well known in other countries, but its adversity imposed elsewhere a very quick abandonment of the same (Domingo & Moreno 2010).

Structurally speaking, the biggest psychiatric hospital of Albania (situated in Elbasan) was modelled accordingly to the most famous facility of the modern times, the mental hospital of Illenau in Baden-Württemberg (Germany). The acute patients were admitted, accommodated and treated in the front building close to the main road, whereas the chronic patients were displaced in the rear building in frightful conditions of mere survival (Danzinger 1998). Geopolitics hardly influenced the entire system of care of chronic psychiatric patients, apart from ensuring them a regular supply in antipsychotics, a hunger diet, second-hand clothing, and deprivation from all civil rights along with abundant everyday ill-treatments. Rodewischer theses remained unknown to the most of specialists and the reformative ideas of Basaglia, matured in a neighbouring country, never penetrated timely in Albania (Späte 1989, Basaglia 1969).

The issue of scarce funding and inadequate human resources was another real weakness that was whispered in some classified documents but not openly accepted (On some shortages 1972). In this report of March 1972, the head of the Psychiatry University Clinic of Tirana complained of the inability to perform regularly ECT sessions because there were ‘only two men available working as a supportive staff’, and ‘mainly male patients refused electroconvulsive therapy, with no way to forcibly perform the sessions...’ (On some shortages 1972). A decade later however ECT was still on scene and the same facility appraised the performing of at least ‘3-4 sessions daily in different patients, some of a certain age...’ (Vehbiu 1982).

In the era of transition from a totalitarian to a post-totalitarian society, shock therapies (apart from ECT) were almost completely abandoned due to technical, ethical, practical and logistic grounds. The largely debated but never verified allegations, mainly based on memoirs of ex-politically persecuted people who complained of being electroshocked during imprisonment or unwilling psychiatric treatment in the years of communist rule (1944-1991) have contributed to a common sense of abhorrence and refusal of ECT in the general population. The Albanian Law on Mental Health included electroconvulsive therapy as an option in its revised form of 2012, when substantial changes aimed to improve and update the previous law of 1996 on the issue (Law 44:2012).

### **At the margin of periphery: forensic psychiatry**

Some particularities of the forensic expertise in psychiatry are worth mentioning in the case of Albania. Contrarily to other Eastern bloc countries, raising and upholding an insanity defence in this country was a surreptitious but sometimes a successful way to circumvent mass convictions of families, whose relatives would be otherwise declared enemies of state. In fact, collective punishment was avoided

when the wrongdoer was ‘granted’ a psychiatric diagnosis. Marginalized inside the peripheral medical specialty of psychiatry as conceived in this country, forensic psychiatry was mostly a tool of the repressive system leading to the police, rather than a functional part of the health system in general. Underresourced and underfunded, this subspecialty was deeply influenced from Russian experience, at a time when the general psychiatry was desperately seeking to reproduce what was best offered from Italian and French scholars.

Already at service of judicial and investigative organs of the totalitarian regime, the psychiatric expertise had a lot of work to do before becoming a subspecialty per se. A booklet of approximately 80 pages deserved to this field was published in 1962 and catalogued in the National Library of Medicine (Dibra 1962). Some paragraphs were dedicated to forensic psychiatry in other textbooks and manuals of general psychiatry, before other publications followed. In the previously quoted textbook of clinical psychiatry published in 1985, references were quoted at the end of every chapter, thus giving to readers indirect clues on the way the entire information was collected and served (Vehbiu 1985). Worth mentioning is the fact that the Albanian authors quoted three Russian references at the chapter dedicated to the forensic expertise: namely Gannushkin (one of the leaders of the Moscow psychiatric school), Gurevich and Giljarovskij; both last publications dating respectively 1949 and 1954, thus more than thirty years before the issuing of a Clinical Psychiatry textbook in Tirana (Vehbiu 1985, Gurevich 1949, Giljarovskij 1954).

Obviously these references, in a delicate issue, might not have been indiscriminately selected. Following allegations of human right abuses and physicians’ complicities, the investigation of all facts with regard to unwilling psychiatric treatment remains still not entirely elucidated, like in other countries of Eastern bloc (Healey 2014).

In the unclassified documents of 1963 and 1972 some guidelines regarding the work of forensic psychiatrists along with strengths and weaknesses are given (Report 1963, On some shortages 1972). Documents are mainly of a formal nature; nevertheless the need to establish a Bureau of Forensic Psychiatry with at least three specialists, instead of the actual single person covering insufficiently the field, is emphasized (On some shortages 1972). Other details and problems remain pretty much of an acute actuality, such as diagnostic and conclusion discrepancies in between the first and the second expertise of the same patient (made at a certain time distance); the hastened discharge of psychiatric patients from unwilling hospital treatment without giving them the necessary time to ‘heal’ (Report 1963). Yet the formula of ‘healing’ is overall lacking in these pages.

## CONCLUSIONS

Lack of methodological research and above all, of reliable statistics, have characterized the course of Albanian psychiatry in the second half of XX century. Authoritative sources have already accepted that the prolonged period of isolation hampered any attempt to a closer approach towards the issue of psychiatry in communist Albania, and some authors even declined overtly from writing this unknown history when instead sketching a detailed landscape from other Eastern European countries (Marks & Savelli 2015). Even when local practices and treatments of psychiatric disorders were mentioned in English journals, pieces of information came out in anecdotal form of pure curiosity (Diamandopoulos et al. 1997).

Some authors that have tried to approach the issue recently suffer apparently the lack of statistical references and limit themselves into optimistic, but still generalized conclusions regarding improvements and changes in the direction of a community-oriented care (Muijen 2008). Thus, de-hospitalization is still a challenge, and the system remains largely underfunded: sources suggest that in Albania only 3% of the total public health budget is dedicated to mental health services, with the lion's share [97% of these funds] still going to hospital care (Carta et al. 2013).

With no data on prevalence and incidence of mental diseases and an official position prompting a denial of this phenomenology, it is not easy to sustain definite remarks. Nevertheless, the entire Albanian system of mental health care in the second half of XX century has been strongly centralized, underfunded, with scarce human resources even in its best days, and with problems never clearly formulated. The large public has been kept distant from the real sufferings of this population and all that denial was logically mixed up with misbeliefs regarding the true substance of the mental illness. Figures with regard to the totality of mentally ill people were never disclosed and therefore the prevalence of mental diseases had to be guessed indirectly from the total number of beds in psychiatric hospitals. On the other hand, this is still a largely inaccurate guess, since the majority of patients underwent large periods of hospitalization, completely senseless from the medical point of view, and inhumane regarding the conditions they faced during this year-long institutionalization and societal abandonment.

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Gentian Vyshka: concept and design of the article; literature searches; writing the manuscript; approval of the final version;

Anila Kazaferi & Ilda Kapo: revisioning the manuscript; approval of the final version;

Tedi Mana: literature searches; comments on the draft paper; approval of the final version.

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