

The Psychiatrist and Political Dissidents

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Healthy dissidence is part of the stuff of politics but when does health break down into ill health and how does that ill health manifest itself? In violence, street riots, anarchism, terrorism, revolution, civil war, or in forms of deviant thought and behavior that may be regarded as manifestations of mental illness?

The term dissenter came into being in 1639 to describe individuals who separated themselves from the Established Church of England and for three centuries the religious connotation was generally accepted. Dissent was a matter for the churches, although it was well recognized over this period that dissent might at times overstep the boundaries of reality and become a form of "religious mania" requiring the assistance of the psychiatrist. Delusions of a religious nature were remarkably common in an age of religious fervor and of religious doubt — but I am not aware that the psychiatrists of the period were accused of using their subject to incarcerate what may easily have been regarded by the public as religious dissenters. It was to be over three hundred years before the psychiatrist became involved with religious dissent.

You, in this country, are more familiar with this matter than most of us outside the United States. My own first contact with one particular group was made at the VI World Congress of Psychiatry in 1977 in Hawaii when, as Secretary General of the World Psychiatric Association, I was approached to speak against the sinister role of psychiatry in the opposition to such groups. Previously I had been hounded by members of another group at one of our regional meetings, although later informed that I had been "pardoned for my crimes" by an American fellow group.

Contemporaneously with the emergence of the psychiatrist in relation to religious dissent, over the last twenty years the psychiatrist allegedly has assumed an even more sinister role politically. The growth in the use of psychological warfare and its success during World War II and the startling effects of the thought-reform techniques used on prisoners of war in Korea led to a surge of military interest in the use of the psychiatrist in situations other than his or her traditional role as a doctor, preventing or healing mental disturbance. A new era began in which he or she was to be employed in dealing with the political dissidents who had taken up violent struggle in their cause — the terrorist or freedom fighter — the adjective depending on one's allegiances. The themes and techniques of sensory deprivation and of Pavlovian psychology were now applied, particularly to interrogation procedures. This was, as it were, the acute situation, aimed at extracting information as quickly and as expeditiously as possible from a suspected dissident, ending once the information had been obtained. But about the

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same time, a more subtle development allegedly took place — the use of a psychiatric diagnosis and disposal to stifle political dissidence — the first came to be called torture, the second, the abuse of psychiatry. It is with the second of these two aspects of psychiatry I will deal with — not primarily from a theoretical point of view, but from my own experience.

I was elected Secretary General of the World Psychiatric Association (WPA) at the Vth World Congress held in Madrid in 1966. The Association had been founded in 1961, with a background of international psychiatric congresses, and its first president was an American, Professor Ewan Cameron. The aim had been to create an association of national societies of psychiatry, to which all could belong, without political or other distinctions, and by 1971, 77 member societies had joined representing 64,000 individual psychiatrists. The APA was a Founder Member, the All-Union Society of Psychiatry and Neurology of the USSR joining shortly after I became Secretary General. These are the two giants, with over 20,000 members each. Statutes and Bylaws had been drawn up by which the Association was regulated, these being registered in Switzerland according to Swiss law — our lawyer also being Swiss. Copies of these Statutes and Bylaws were published in our four official languages and widely distributed. I must mention that the purpose of the Association was defined as:

To co-ordinate on a world-wide scale the activities of the member psychiatric societies and to advance enquiries into the etiology, pathology and treatment of mental disease.

The means were also defined as follows:

The exchange in all languages of information about the problems of mental diseases, the strengthening of relations between Psychiatrists working in various fields — and between psychiatric societies existing in different countries. The establishment of working relations with the World Health Organisation, UNESCO, and other international organisations. The organisation of World Psychiatric Congresses. The organisation of regional and inter-regional scientific meetings.

Nowhere in the Statutes was there any reference to disputes between Member Societies, such a matter never having been envisaged when the Statutes were being formulated.

All went well until 1970 when the first letter was received at the Secretariat of the WPA regarding allegations of the abuse of psychiatry for political reasons. In 1971 a large number of documents, none of them from Member Societies, regarding this problem were received; the matter was discussed at a meeting of the Executive Committee in Washington, DC to which officials of the American Psychiatric Association were invited. All the documents had been distributed to each member of the Executive Committee of the WPA. All complaints regarding the affairs of a national Member Society had been forwarded to the Member Society concerned, together with a complete file of the relevant documents. At the Vth World

Congress of Psychiatry, which was held in Mexico City in November/December 1971, a complaint alleged to have been made by a Member Society, the Canadian Psychiatric Association, was found to be false; in fact no single complaint from any national Member Society about any other national Member Society was, or ever had been, received by the Executive Committee prior to, nor at, the Congress in Mexico City.

The then Executive Committee considered anew the whole matter — as did the Committee of the Association — the Committee consisting of 26 individuals drawn from many parts of the world. It was decided that nowhere in the Statutes was there listed any mechanism whereby one national Member Society might make complaint against other Member Societies. No complaint had been received, and therefore the matter could not be discussed further. During 1971 the Executive Committee had actively considered the formation of a Committee to study the Ethical Aspects of Psychiatry. The Secretary General had made a study of Ethical Codes as applied to medicine and psychology; had consulted with the United Nations Commission of Human Rights; with the Council of Europe and its Commission of Human Rights; with the CIOMS (the Council for International Organisations of Medical Sciences) and through it with UNESCO; with WHO and with Amnesty International, as well as with national Member Societies. In addition, all available literature on the alleged political abuse of psychiatry was studied. He had then requested the Executive Committee to consider the formation of a committee dealing with the Ethical Problems of Psychiatry. After agreement by the Executive Committee, the proposal was put to the committee and to the representatives of national Member Societies in the General Assembly, the ultimate governing body of the WPA. The proposal was rejected, not a single Member Society voting for the proposal.

The new Executive Committee elected in Mexico City in 1971 continued to be concerned with the ethical problems of psychiatry and has had the question under continuous review until the present time. In a letter dated 4.5.72, the Medical Director of the American Psychiatric Association wrote to the President of the WPA requesting him to forward the following APA Position Statement to all national Member Societies:

The American Psychiatric Association firmly opposes the misuse of psychiatric facilities for the detention of persons solely on the basis of their political dissent, no matter where it occurs . . . [and requested] that an appropriate international organisation be urged to establish a properly staffed agency to formulate internationally acceptable standards and guidelines to safeguard involuntary hospitalisation from political influences as far as possible, to receive complaints from any individual or appropriate national body alleging the enforced use of psychiatric facilities for political purposes and to make investigations of such complaints.

This was put to the Executive Committee on 7.5.72 which agreed to circulate the first statement to all Member Societies, and this was done. No further comments were received from national Member Societies regarding

the APA's Position Statement. Consideration was given to setting up an organisation along the lines suggested by the APA at meetings of the Executive Committee in November 1972 and May 1973. On 8 October 1973, the President of the WPA presented the September 1973 statement of the APA on "The Principles of Medical Ethics" to the Executive Committee for their further study. Informal discussions were conducted with a number of Member Societies and international associations. Officials of the American, Brazilian, British, Colombian, Danish, Mexican, Spanish and Swedish Member Societies attended meetings of the Executive Committee at which these ethical problems were discussed. Moreover, the minutes of all meetings of the Executive Committee had been circulated to all national Member Societies, so that they might be informed of all the activities of the WPA.

At the meeting of the Executive Committee on 8.10.73 in Erevan, which was also attended by officials of the American, All-Union, DDR, and Senegalese Societies, it was decided to set up an Ethical Committee to study these issues (after consultation with all Member Societies and subject to their approval) and with international agencies such as the United Nations, WHO and UNESCO. The Secretary General was directed to consult with national Member Societies requesting their views as to the membership and functions of the committee and on any matters relevant to the problem; the Treasurer was asked to consider the financial implications of setting up such a committee. This proposed committee was to report directly to the Executive Committee of the WPA and would be concerned with all aspects of the ethical issues facing psychiatry in all parts of the world.

The Committee was created, its directives being: (1) to identify precise areas of clinical concern to psychiatrists; (2) to advise on the aims and functions and composition of an Ethical Committee of the WPA; (3) to collaborate with the Secretary General in gathering information on ethical matters relevant to psychiatry; (4) to report to the Executive Committee; and (5) to be financially self-supporting.

The committee has co-operated closely with the Executive Committee and members of the committee have taken part in a number of seminars and meetings which have been organized by the Executive Committee. The first of these was a seminar on Human Rights held at the European Commission of Human Rights at Strasbourg on October 17 and 18, 1974, by kind permission of the Commission.

The first day was devoted to a demonstration of the workings of the European Commission of Human Rights and its Secretary, Mr. A.B. McNulty, began by outlining the procedure involved in making a case to the Commission. His Assistant, Dr. C. Krüger, outlined the historical development of Human Rights activities, and there then followed examples of both state and individual cases heard before the Commission. Our delegates were able to see the facilities available in the building of the Commission and to take part in a discussion of various aspects of its proceedings.

In 20 years there had been five state cases and about 7,000 individual cases. Latterly the individual cases had been running at about 400 cases a

year, although 1,800 complaints came in annually. The staff consisted of Mr. McNulty and sixteen lawyers, together with secretarial and other services. The total budget is difficult to estimate as many of the costs of running the building are included in the total budget of the Council of Europe, but Mr. McNulty was able to give us a figure of about 4½m. French francs for his annual budget. The literature available from the Council of Europe spells out in detail the procedures, the activities, and the results of the work of the Commission of Human Rights over the last twenty years.

Other meetings were held in Venezuela, South Africa, and England — the most important being in London in June 1976. Here was presented the eighth draft of what later came to be called the Declaration of Hawaii, a Statement of the Ethical Principles applicable to Psychiatry.

The VIth World Congress held in Hawaii in 1977 was dominated by the arraignment of the All-Union Society on a charge that it had systematically abused psychiatry for political reasons. Much heat was generated, and finally by a small margin of votes, the motion was carried. A Committee on Ethics and a Committee to Review the Abuse of Psychiatry were set up, the latter providing a mechanism whereby allegations of abuse might be dealt with by a world body.

I mention these developments in order to show some of the problems facing voluntary, non-governmental world organisations such as the WPA, run by officers engaged in the practice of their profession and carrying out their international work on a voluntary, non-paid basis. Finance is a major problem; to organize a World Congress alone requires a large budget and funds have to come from national Member Societies to support the Secretariat and meetings twice a year of the 6-man Executive Committee in different parts of the world.

What have I learned from being exposed for nearly 10 years as Secretary General of the WPA to demands for action on allegations of psychiatric abuse?

First, the subject is by no means as simple as it may be made to appear in the media. The whole subject of Human Rights is fraught with serious difficulties — not least the very vastness of the subject. The Department of State of the United States published this year a 1,140 page report on Human Rights Practice throughout the World. Economic, cultural, and political influences all affect human rights, which are in a constant state of flux.

Second, on the World scene, psychiatric abuse comes low on the list. In the U.S. State Department's Report, Human Rights' practices are divided into those concerning: (1) respect for the integrity of the person — including torture, cruel, inhuman, or degrading treatment or punishment; disappearance, arbitrary arrest, and imprisonment; denial of fair public trial; and invasion of the home; (2) government policies relating to the fulfillment of such vital needs as food, shelter, health care, and education; (3) respect for civil liberties, including freedom of speech, press, religion, and assembly; freedom of travel within and outside the country; emigration and repatriation; freedom to participate in the political process; and finally (4) govern-

ment attitude and record regarding international and non-governmental investigations of alleged violations of Human Rights.

Third, owing to the differing legal and political systems governing citizens' behavior, what is a serious crime in one country may be regarded in another as no crime at all. Legal codes for dealing with psychiatric patients also vary greatly from country to country — in some countries, being nonexistent.

Fourth, psychiatric diagnosis again varies from country to country: all of us are familiar with the United States/United Kingdom Diagnostic Comparison Studies and with the International Pilot Study of Schizophrenia.

Fifth, the only reasonable way of dealing with allegations of psychiatric abuse is for the subject to be taken out of the hands of the psychiatrists and put squarely under the shield of International Human Rights Law. The European Commission of Human Rights and the European Court has the leading expertise based on years of experience. Unfortunately, the agreement of member states is necessary before such a Commission can function, and we all know how difficult it is to obtain such agreements. The United Nations would theoretically be the appropriate body — it already has a Human Rights Organisation. Unfortunately, however, it has played little part in facing up to the problems.

All of us with forensic experience are familiar with the shortcomings and advantages of the legal approach, but I think we would agree it is the best we have. Until such legal process is available to hear these allegations of psychiatric abuse in specific cases, we psychiatrists will continue to be in an unenviable situation that will do nothing toward the resolution of the difficulties. □