

# **A short story of Psychiatry in both Germanies**

**(German Democratic Republic -GDR-  
and Federal Republic of Germany -FRG-)**

**and the importance of Social Work in the  
present psycho-social caregiving**



**Prof. Dr. phil.  
Steffi Weber-Unger-Rotino**

**In the German Democratic Republic (GDR),  
psychiatry was moulded in its several developmental stages by its essential,  
immanent contradictions, namely:**

- on one side, through its functions of order and control, including the determining mechanisms of exclusion, isolation and stigmatisation,
- on the other side, through its therapeutic function, closely linked to the goal of social acceptance and integration of patients.

This resulted in different forms of psychiatric and psycho-social practice, ranging from:

- the continuation, and further development, of the bio-medical paradigm of psychiatry, based on the nosologic concept of illness from the natural sciences,
- to a community-based, psycho-social caregiving, based on an ecological perspective. This was established in Leipzig in the mid-nineteen-seventies, and, after the reunification, was also the starting, and reference, point for the goals of dehospitalisation and of development of psychiatric caregiving in Saxony.

## But back to the seventies:

The foundation of community-based caregiving in the GDR was this: a discussion was started (from a nonetheless small group of critical, and mostly young, psychiatrists) as antithesis to the dominant medical concept of illness. This was based on the philosophy of dialectical materialism, and considered psycho-social conditions, as well as the social context, in the development of psychological suffering.

Attempts were made at phenomenological, as well as psychoanalytical, explanations. Certainly, one may find here a parallel to the critical discussion of psychiatry in the Federal Republic of Germany (FRG). Extremely important for the new process of change in social attitudes towards mental illness in the GDR were the legal bases, which guaranteed the right of residence and employment for persons with mental illness. Equal rights in extended employment were made possible through comprehensive rehabilitation legislation, with, for example, guidelines for reduced work schedules (in nineteen-sixty-eight and nineteen-seventy-three).

The demand to create a decentralised psycho-social caregiving system, formulated in the GDR in the mid-seventies as alternative to the psychiatric hospital with its obvious functions of stigmatisation and exclusion, assumed an orientation based on familiar environments and individual biography.

The following was planned:

- out-patient institutions, accessible day and night
- psychiatric departments in general hospitals, and
- complementary care offers, and offers for protected residence, employment and leisure.

In nineteen-eighty, the Ministry of Health decided upon a concept during the period of nineteen-eighty-one to nineteen-ninety for the improvement of care for persons with mental illness. A "comprehensive, multilayered care system" should be developed, "the focal point of which should be in the periphery, in the areas of residence and of employment among the general population" and [quote] "for psychiatric activities preferably to use the territory in which the personal and social life of the mentally ill or handicapped citizen is carried out". (Weise/Uhle, In: Thom/Wulf (1990), p. 451)

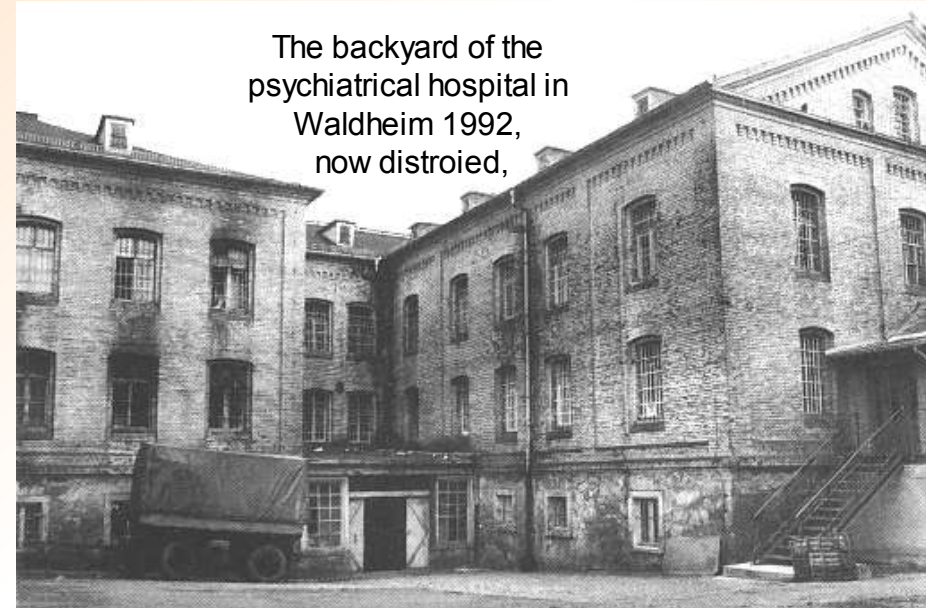
The tasks of the peripherally-located, large-scale psychiatric hospitals were, however, not defined.

The negative economic situation the GDR increasingly contributed also to deterioration of the living situation of persons with mental illness in the large psychiatric hospitals - and, furthermore, the planned residential and leisure institutions could not be built.

Departments of psychiatry and of neurology were integrated into the state polyclinics, which practised out-patient medicine.

At the time of German reunification it had become apparent that, over the years, the practical contradictions had come to a point between:

→ on the one hand, the conservative psychiatric understanding of a necessary treatment structure based on central clinics and on the traditional bio-medical paradigm, which led, in many cases, to the worst sort of closed-ward psychiatry,



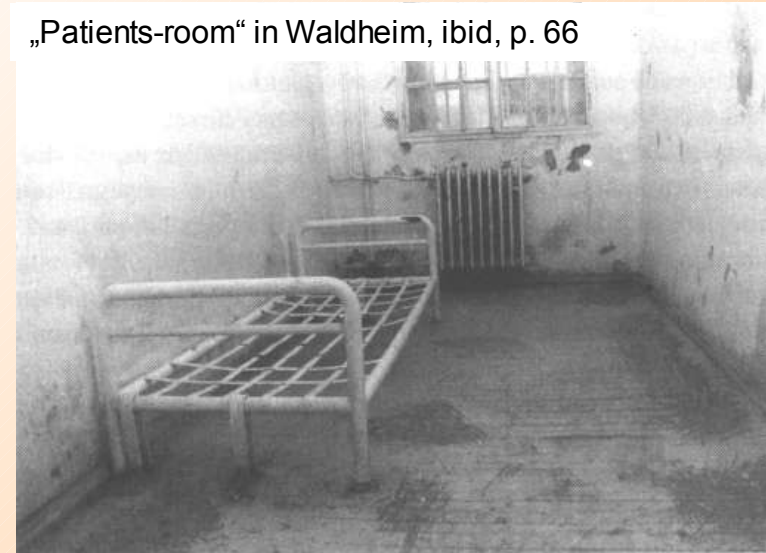
The backyard of the psychiatric hospital in Waldheim 1992, now destroyed,

In: Klee, E., (1993): Irrsinn Ost – Irrsinn West. Psychiatrie in Deutschland. Frankfurt / M., p. 53

Shower-room in Waldheim, (ibid), p. 59



„Patients-room“ in Waldheim, ibid, p. 66



and

- ➔ on the other hand, the efforts to put community-based care systems into practice and to expand them, such as for example in Leipzig, which gaved the base for an user-oriented development - how you can see in this impressions of the “Durchblick“ e. V.



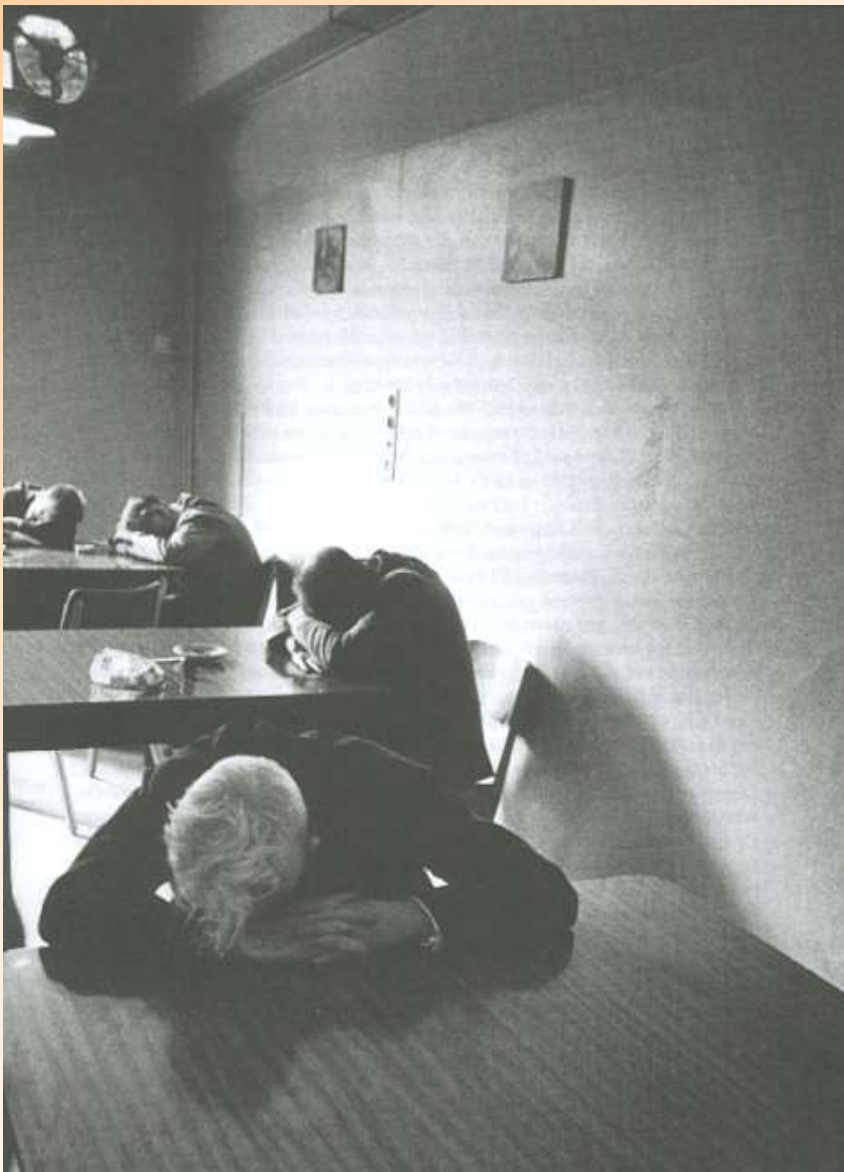
Photogallerie of the User-association  
„Durchblick“ e.V. Leipzig, social  
<http://www.durchblick-ev.de/frameset.htm>, 21.10.2004





Around nineteen-ninety, the erstwhile Federal Republic of Germany could look back as well on a turbulent and conflicted history of psychiatric practice, characterised also by the essential contradictions of classical psychiatry, namely:

- the maintenance, and modernisation, of the bio-medical definition privilege, which claims psychiatry as a branch of medicine, and
- the attempt to understand psychological suffering from the point of view of its complex cultural, political, social, and biographical context, as well as through its personal, individual and biographical conditions. This occurred during the emergence of the Student Movement in nineteen-sixty-seven and –eight, in which thematic analysis of the "fringe group problem", along with questioning of social inequality and political emancipation, were also publicly discussed. Psychiatry, its recent history, and the situation of persons with mental illness became interesting to the public, and a political discussion of psychiatry began.



Patient's room in a custody-psychiatry in Köppern/Taunus, Foto: Barbara Klemm, 1971, In: Hardtmann, G. (1991), p. 165

In June, nineteen-seventy-one, the parliament commissioned an enquiry into the state of psychiatry in the FRG. The progress report of nineteen-seventy-three already recorded, "that a very high number of mentally ill and handicapped individuals in in-patient and ward institutions are forced to live under miserable and occasionally inhuman conditions". (Clausen/Dressler/Eichenbrenner (1996), p.39) In their closing report in nineteen-seventy-five, the enquiry confirmed these statements broadly and empirically.

A few framework recommendations were given, which, however, led only to refurbishment or reconstruction of the mostly oversized, isolated, sealed psychiatric institutions and hospitals, although the closing report pointed out necessary changes in psychiatric care, such as:

- the primal importance of community and caregiving
- the need-based and comprehensive care of all ill persons and persons with handicaps
- the need-based coordination of all caregiving services
- equal rights for persons with mental illnesses as for persons with physical illnesses.

However, the transformation process of psychiatric care came only slowly in gear, and had extreme and regional differences in intensity and in degrees of success.

The report published in November, nineteen-eighty-eight, by the Commission of Experts (set in place by the federal government in nineteen-seventy-nine) emphasised that psychiatry must be integrated into the communal systems of social- and health-planning and of healthcare, and must become a part of the political community life - meaning not only "near to" or "based on" the community, but within it!

In nineteen-seventy-one, the DGSP, the "German Society for Social Psychiatry" and the "Aktion psychisch Kranke", as the first professional organisation, were founded. With the "Irren-Offensive" ("Madman Offensive") in Berlin, for example, persons with psychiatric experience first organised themselves at the beginning of the nineteen-eighties. The Federal Union of Persons with Psychiatric Experience emerged in nineteen-ninety-two, one year after the foundation of ENUSP, the European Network of (Ex-)Users and Survivors of Psychiatry.

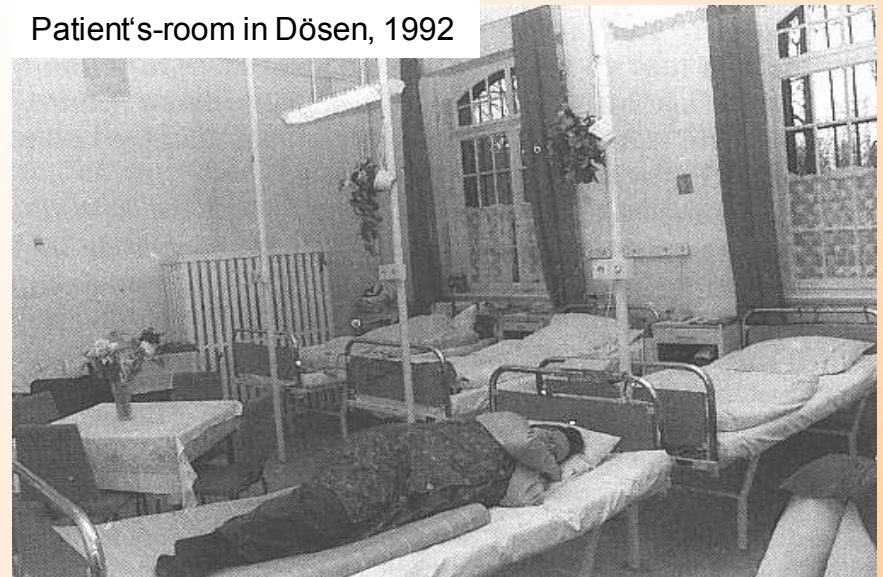
Referring to psycho-social and psychiatric care at the beginning of the nineties in the so-called "old" federal provinces, it may be established that one could find almost the entire spectrum of structures and approaches. These ranged from:

- traditional, purely medical and biologically-oriented psychiatry which, through the use of psychopharmaceuticals, had lost its obviously violent characteristics. Under the cover of treatment with ever more differentiated therapies and methods, it defended on all fronts its definitive power over the bodies and souls of its patients;

Dining-room renovate in hospital of psychiatry in Dösen near Leipzig, 1992



Patient's-room in Dösen, 1992



In: Klee , E., (1993): Irrsinn Ost – Irrsinn West. Psychiatrie in Deutschland. Frankfurt / M., p. 30

- to institutions and networks emerging in community-integrated caregiving structures. In collaboration with affected persons, these attempted to open spaces in which persons could receive support in mastering new difficulties in their daily lives.



Photo (on the left):  
„Initiative zur sozialen Rehabilitation“ e.V.,  
Bremen  
Zeitungsinitiative IRRTU(R)M  
<http://www.initiative-zur-sozialen-rehabilitation.de/zeitungsinitiativeirrturm.htm>, 22.10.2004

Photogalerie of the User-association „Durchblick“ e.V. Leipzig, aktuelles  
<http://www.durchblick-ev.de/frameset.htm>, 21.10.2004



A few parallel developments existed therefore between the German states, in spite of the equally relevant and large differences between the two.

Also, in both parts of Germany the kernel of the psychiatric contradiction was revealed - in the sense of Robert Castel (R. Castel In: Basaglia- Foucault-Castel-u.a. (1980)) -

I quote freely:

- ➔ observed socially, mental illness, whatever its "reasons" may be, is on the one side an inhumane status and a condition of suffering violence. It constitutes the ill person - with or without quotation marks - as a creature of lesser worth, partly of fully excluded, and almost always treated pitilessly worse than most other human beings;
- ➔ on the other side, psychiatric care, in the sense that it transports this status, does nothing to question this violence and exclusion.

Klaus Weise (one of the founders of community psychiatry in the GDR) described in nineteen-ninety the "patient" of psychiatry in the GDR "as the actively negotiating, and responsible, subject of the story of his illness and therapy", and the elements of his social network "as substantial source of psychological health".

However, he spoke of a necessary "type of Copernican change in the concept of caregiving" (Weise/Uhle In: Thom/Wulff (1990), p. 456), which would consist of the following:

- that, after the decentralisation of caregiving (nota bene!), the "medical institutions" must acquire a "flanking, or complementary, character". Through this kind of de-institutionalisation and de-professionalisation, "the goal will be reached that the mentally ill will be treated not only in the community, but also through the community". (ibid)



This goal could have become the primary motivation of the restructuring of psycho-social caregiving in the new federal provinces and especially in Saxony in nineteen-ninety.

Since this time, a widespread, regionally-based framework of psychiatric and psycho-social caregiving has been established, based on in-patient hospital care as well as on the complementary, out-patient services.

Despite well-executed structural work, when one looks deeply and is not dazzled by the variety of therapy options, by the methods offered, and by the doubtless better living conditions, the basic problem is that, with only a few exceptions known to me, even in institutions which understand themselves to be socio-psychiatric, the power of definition of the bio-medical, deficit-oriented paradigm of psychiatry remains unbroken.

Thereby, the above-mentioned immanent contradiction within the traditional medical paradigm of psychiatry continues in Saxony - nonetheless, increasingly hidden and more difficult to track.

## Provincial hospital of psychiatry in Hochweitzschen

one building of the hospital



<http://www.skh-hochweitzschen.de/gruss.html>, 21.10.2004

Patient's room



<http://www.skh-hochweitzschen.de/kl020.html>,  
21.10.2004

diagnosis



<http://www.skh-hochweitzschen.de/kl05.html>,  
21.10.2004

Social work finds itself thereby in a difficult situation:

it is integrated in services, which form a caregiving network for persons with mental illnesses, in which the basic definitions (ICD-10 and DSM IV) of psychological suffering and disturbance ignore the social environment as aetiological cause, and see the main cause of suffering in biological and genetic predisposition

(see also Asmus Finzen and Ulrike Hoffman-Richter:

Schöne neue Diagnosenwelt. In: Soziale Psychiatrie 1 (2002)).

Therefore, social work can use its knowledge of social-paedagogical diagnoses, and of analyses of living environment as well as of further concepts and theories from the social sciences as explanatory models only subordinately, and partially, in areas of organisation for coping with everyday life by affected people. It must also renounce, or reduce, a large part of its own concept and working methods; that is, of helping people to help themselves, of partiality, of empowerment, of orientation towards resources, and of interventions based upon biography or lifestyle.

When we speak of the orientation towards the clients or consumers in psycho-social caregiving - or, better, in psycho-social support work - and from a resulting protection of quality and development (such as demanded by the Saxon provincial government in the employment guidelines published by them in nineteen ninetyeight), then, consequently, the following is implied: not only to listen to the needs and requirements of clients and consumers, but also the goal:

of seeing human beings with psychiatric experience as experts, to accept them and, together with them and under their leadership, to organise services and caregiving structures based on their needs, interests and experiences; to include them actively in the training and qualification of personnel; and to have research supervised by them.

In September two thousand and three, we began a project in our department, in which persons with psychiatric experience from all parts of Saxony conducted regional working meetings with the help of students from our department. In these meetings, a questionnaire on all services within the structure of psycho-social caregiving was formulated - strictly based on the principle of supervision by persons with psychiatric experience.

Here I would like to present briefly to you a few wishes and requirements, which persons with psychiatric experience expressed in the initial **brainstorming session**:

- to be treated as a human being and not as an object
- to have the right to one's own point of view
- to have the absolute feeling of free agency and self-determination
- to be free and unrestricted
- not to have fear
- to have the feeling of appreciation (acceptance) of momentary situations
- to have the right to be as one is; to be able to be aggressive
- to have counseling which is accepting; to not be stigmatised because of receiving support
- to have recognition of basic problems, rather than diagnoses
- to not be left alone; someone should be available, who can speak
- and act on the same level
- to have space where one is protected
- to have access to alternative medicine and therapy options
- to have medication tested for effectiveness and side effects
- and so on, and so forth

Most statements coincided with similar epidemiological studies in other provinces.

If we further listen to persons with psychiatric experience in their descriptions of the current situation (of psychiatric, in-patient, socio-psychiatric care and of out-patient services), and if we take their notions seriously of how personnel should be, of how places should look, of where they would prefer to be in a crisis, and of how they would prefer to live, then the central meaning of Social Work becomes obvious, with its mediatory, integratory, protective, reactivating tasks and functions, and with its organisation of multilayered and complex support. With, and through, this goal, the person suffering from psychological illness may be "treated through the community".

This would be the Copernican change (!) which Klaus Weise demanded in nineteen-ninety:

A change in the paradigm of psycho-social caregiving,  
effected by the replacement of psychiatry with social work  
as the basic determining category of definition.

# Literatur:

Basaglia, Franco (Hg.) (1975): Was ist Psychiatrie? Frankfurt / M.

Basaglia, Foucault, Castel, Wulff, Chomsky, Laing, Goffman u.a. (1980): Befriedungsverbrechen. Über die Dienstbarkeit der Intellektuellen, Frankfurt/M.

Behnke, Klaus u. Fuchs, Jürgen (Hg.) (1995): Zersetzung der Seele. Psychologie und Psychiatrie im Dienste der Stasi, Hamburg

Bundesministerium für Familie, Frauen und Gesundheit (Hg.) (1988): Empfehlungen der Expertenkommission der Bundesregierung zur Reform der Versorgung im psychiatrischen und psychotherapeutisch / psychosomatischen Bereich, Abschlussbericht. Bonn

Clausen, Jens, Dresler, Klaus-Dieter, Eichenbrenner, Ilse (1996): Soziale Arbeit im Arbeitsfeld der Psychiatrie, Freiburg im Breisgau

Deutscher Bundestag (1975): Bericht über die Lage der Psychiatrie Drucksache 7/4200,

Dörner, Klaus, Plog, Ursula, Teller, Christine, Wendt, Frank (2002): Irren ist menschlich. Lehrbuch der Psychiatrie und Psychotherapie. Bonn

Finzen, Asmus und Hoffmann-Richter, Ulrike (2002): Schöne neue Diagnosenwelt. In: Soziale Psychiatrie 1.

Foucault, Michel (1977): Wahnsinn und Gesellschaft. Eine Geschichte des Wahns im Zeitalter der Vernunft. Frankfurt / M.

Hardtmann, Gertrud (1991): "Irrenhaus" Eine Einführung in die Psychiatrie und ihre sozialpädagogischen Arbeitsfelder, Weinheim und Basel

Institut für Sozialhygiene und Organisation des Gesundheitsschutzes "Maxim Zetkin" (Hg.) (1987): Das Gesundheitswesen der Deutschen Demokratischen Republik, Berlin bis 1987

Klee, Ernst (1978): Psychiatrie-Report, Frankfurt / M.

Klee, Ernst (1993): Irrsinn Ost – Irrsinn West. Psychiatrie in Deutschland. Frankfurt / M.

Renker, K. Rodewischer Thesen. Internationales Symposium über medizinisch-soziale Rehabilitation akut und chemisch psychisch Kranker 1963 in Rodewisch In: Z. gesamte Hyg. 1, 1965, S. 61-64

Staatsministerium für Soziales, Gesundheit und Familie des Freistaates Sachsen (1999): Arbeitshilfen – Psychiatrie und Suchthilfe, Dresden

Thom, Achim und Wulff, Erich (Hg.) (1990): Psychiatrie im Wandel. Erfahrungen und Perspektiven in Ost und West. Bonn

Weise, Klaus und Uhle, Matthias (1990): Entwicklungsformen und derzeitige Wirkungsbedingungen der Psychiatrie in der Deutschen Demokratischen Republik In: Thom, Achim/ Wulff, Erich (Hg.) Psychiatrie im Wandel. Erfahrungen und Perspektiven in Ost und West. Bonn