

Should be cited as: *Psychiatr. Pol.* 2014; 48(2): 395–400

PL ISSN 0033-2674

www.psychiatriapolska.pl

Contribution of the Polish-German Mental Health Society to changes in Polish psychiatry

Lukasz Cichocki¹, Andrzej Cechnicki²

Community Psychiatry Department, Chair of Psychiatry, Collegium Medicum,
Jagiellonian University

¹Chairman of the Polish – German Mental Health Association

²Honorary Chairman of the Polish – German Mental Health Association

Summary

The aim of this presentation is to give a profile of the history and work of the Polish-German Mental Health Society (PNTZP). Founded in 1990, the PNTZP's supreme objective is to develop and reinforce partnership between Polish and German psychiatry on a range of levels. The methods it uses to further this aim include bilateral meetings, seminars, and annual symposia. In view of its historical roots, the PNTZP is constantly mindful of the excesses perpetrated on the mentally ill during the National Socialist period, and believes it has an obligation to promote a brand of psychiatry founded on the person, respect for human dignity, and the will and individuality of every man. For this reason, ethics are an essential element of discussion, including discussions with patients and their families. The society advocates the implementation of the National Programme of Mental Health Care and the development of community psychiatry in Poland. It supports the development of various structures for the treatment and assistance of people with mental illness, as well as scientific and academic reflection on the social and cultural implications of psychiatric thought and action. It is committed to facilitating the exchange of experiences between different professional groups, patients, and their families in order to promote mutual inspiration and support in the challenging task of developing psychiatry. A record of these years of meetings may be found in the twenty issues of the periodical *Dialog*. This example of cooperation across official state borders may be held up as a benchmark for the development of European psychiatry, and the joint work and discussions may offer help and inspiration in day-to-day therapeutic practice. The PNTZP is open to new people and initiatives, and is always looking for people willing to get involved in its work.

Key words: community psychiatry, history of psychiatry

All dialogue assumes the existence of a common language – or, better, shapes a common language

Hans-Georg Gadamer

The need to write this article emerged out of a desire to share the achievements of the Polish-German Mental Health Society with the Polish psychiatric community. To date little information on this subject has been published in national periodicals, and what has been written has been fragmentary in nature. [1]

Looking back over the history of Polish and German psychiatry, one sees clearly that there have been both periods of mutual support and cooperation, as exemplified by the lives of Maurycy Bornsztajn and Leon Daraszkiewicz [2], and times of withdrawal and lack of interest. The most recent such hiatus in mutual contacts lasted forty years, and was preceded by the greatest humanitarian and moral catastrophe in the history of psychiatry: the campaign to murder the mentally sick throughout the Third Reich and its occupied territories. In years 1939-1945 management of Polish hospitals was handed over to Germans, their personnel either fired or murdered and patients were mass murdered since the first weeks of the war. The first crimes were committed on the patients of Polish psychiatric hospitals – Kocborowo, Świecie nad Wisłą, Dziekanka near Gniezno, and many others. Detailed information on these events may be found in numerous papers [3-8]. Conceptions and trends in German psychiatry in years 1920-1939, which formed the basis for the crimes in 1939-1945 (e.g. eugenics) the history of those crimes and long silence surrounding them are now a subject of common reflection. The first time it took place since war was in 1985, during a symposium “War, occupation, medicine” in Cracow [9]. Two years later, in 1987, a group of German psychiatrists took a trip revisiting the sites of those crimes. In many of those places – Międzyrzecz, Warta, Dziekanka, Krakow – they met both with their Polish peers and with patients. These meetings were also attended by former concentration camp prisoners, among them the secretary of the Auschwitz Protection Society (Towarzystwo Opieki nad Oświęcimiem), Mr Tadeusz Zalewski. These events, which were always an opportunity for highly personal conversations tackling painful areas of our shared history, but equally for sharing warmth and support, were the impulse that led to successive bilateral visits, and subsequently also to the official founding of the Polish-German Mental Health Society, on 26 October 1990.

At the root of its establishment were two fundamental ideas. The first was to process the trauma of the war years – to perceive the consequences of the war, commemorate its victims and attempt to reach forgiveness. The second was to create a strain of psychiatry that would reduce the risk of similar scenarios being played out in the future. We harbour the profound conviction that a psychiatry founded on values, in particular the values of human life, a psychiatry in which the patient is treated with respect, a psychiatry that seeks to help such patients lead as fulfilling a life as possible, is the kind of psychiatry that our patients need. How do these ideas function in practice?

The association as the guardian of memories

The idea of commemoration, work on our shared past, and bringing it into dialogue was implemented from the very start – from the above-mentioned first trip taken by the German psychiatrists, and a second, in 1989, as well as a return visit by Polish psychiatrists to Germany in 1988. Thereafter, this theme was taken up by a number

of annual PNTZP symposia, “Psychiatry after Auschwitz” in Bethel in 1992, “Other and own” in Sejny in 2003, “Human fates in critical times” in Łódź in 2005, “Loss and mental health. Bereft of their homeland – the refugee, the expellee, the émigré... and the newcomer?” in Opole in 2007, and, lastly, Oświęcim and the theme that “Psychiatry requires trust” in 2011. The materials from all these symposia were reproduced in *Dialog* periodical [10 – 14]. In addition to the fact that the symposia were devoted to reflection on memory, most of these events also included an accent in the form of a workshop group entitled “The Polish-German taboo”. This group touched on what were often very sensitive, personal matters, memories and fears. In the atmosphere of trust that developed, moving stories were told, and cathartic tears flowed.

The PNTZP has also taken care of a more material trace of the memory. In 1994 it took part in the project to fix a plaque in Fort VII in Poznań commemorating the first campaign to gas civilians – patients from the hospital in Owińska and the hospital at Grobla Street in Poznań in October 1939. In 2002, on the sixtieth anniversary of the murder of the patients of Babiński Hospital in Kobierzyn, near Krakow, a memorial was unveiled bearing the names of the murdered patients, those who were to have remained nameless and forgotten. Time after time the PNTZP has also expressed its objection to the falsification of history through the use of the phrase “Polish death camps”, such as in the open letter it published after the Symposium in Sejny. This area of our activity contributed to the fact, that in 2000 PNTZP obtained from the hands of Ministers of Foreign Affairs – Bartoszewski and Fischer – the Polish-German Friendship Award for its contributions to Polish-German reconciliation and agreement, and in 2007 the Pro Publico Bono award for “Civic diplomacy”.

Involvement in the process of the reform implementation and development of humanistic psychiatry in both countries

Implementation of the second idea – to create a psychiatry that respects the dignity of people with mental illness – has largely involved working in the cause of developing community psychiatry. Most of the annual symposia have been devoted to this subject, and it has also been the main focus of cooperation in the various partnerships between Polish and German institutions and organisations. Interestingly, the first partnership, between the hospital in Dziekanka, near Gniezno, and the psychiatric hospital in Gütersloh, was actually signed before the PNTZP officially came into being, in December 1989. From then on, the fifty ensuing partnerships have made it possible for some twenty thousand people to visit partner institutions – not only psychiatric workers from all professional groups (doctors, nurses, psychologists, social workers, occupational therapists), but also patients and members of their families. These exchanges have provided a forum for sharing experiences, and for mutual support and inspiration. The partnerships have organised joint therapy camps [15], many of them cyclical, training sessions and courses, internships, study visits, and conferences. As the partnerships have developed, an interesting trend has emerged. Initially, they tended to be forged by psychiatric clinics and hospitals. The next stage was the emergence of initiatives created by psychiatric care associations and NGOs, or self-governing bodies. The latest

development has been the establishment of a partnership between patient organisations from Krakow and Bethel/Bielefeld.

Over what has now been more than twenty years, a number of significant changes have taken place. When we started out, the material conditions, equipment and premises available to Polish psychiatric care organisations were extremely basic, at least in comparison with the resources that German psychiatry enjoyed. Much effort and investment, including financial support, was made by various partnerships with the aim of reducing this gap and improving the material situation of Polish psychiatry. It is very hard to assess the actual amount or volume of the resources contributed, but there can be no doubt that this aid has eminently improved the conditions in which mental health patients are treated in many psychiatric wards and hospitals. Both sides have learned much from each other, organisation has changed, as have approaches to patients and treatment facilities. Over time, the differences have lessened.

In recent years we constantly reflect on the change of the generational relay race. We accompany the dying of people involved in development of partnerships. A broad, accessible world of material temptations, pushing back reflections about past and showing little interest in pro public bono activities often involves lack of people who would like to continue the cooperation. This levelling of the playing field and the waning of initial enthusiasm meant that a lot of partnerships died a death, and there was a loss of interest in further exchange. But the more diehard pursued their cooperation and progressed to what now seem like more equal relations, often working together on joint projects. One of these that is deserving of mention at present is the idea for a summer school – week-long workshops for young academics from Germany, Poland and Ukraine interested in community psychiatry. This year has seen the third such summer school, this time held in Ukraine.

Our cooperation with Ukraine goes further than the summer schools, however. For many years now it has also – and perhaps above all – encompassed mutual visits, training programmes, and participation of our peers from Ukraine in the annual PNTZP symposia. As an organisation we have been appointed a partner to the German Federal Ministry of Health and Ministry of Health of Republic of Poland in its project “Partnership for Mental Health” – a programme promoting the development of psychiatry in Ukraine.

PNTZP has contributed to the creation of Polish-Israeli Mental Health Association and has prepared several joint conferences, thus initiating Polish-German-Israeli dialogue. This initiative, very moving for us all at that time, revealed a significant complexity of common relations in this triangle, and the need to work on them in bilateral relationships.

A major part in the development of psychiatry and the creation of the community psychiatry movement has been played, particularly in recent years, by the atmosphere at our annual symposia. At these symposia there is increasing space for dialogue – or rather dialogue – between professionals, patients and members of their families. This exchange of thoughts and emotions lays the foundations for better mutual understanding and creation of an intellectual climate that is naturally becoming part of the content of the National Mental Health Protection Programme launched in Poland several years

ago. Thematic areas such as “Psychiatry needs trust”, “Are there any healthy people left? Dangerous trends in psychiatry in Poland and Germany” or “The psychiatry we dream of. The future starts today” on the one hand describe the reality in psychiatry from a range of viewpoints, and on the other are an attempt to find answers to the most pressing challenges faced by contemporary psychiatry. The value in these symposia is the broad perspective they offer, not restricted to the voices of people directly connected with psychiatry, but also embracing those of philosophers, sociologists, politicians, theologians, who offer an external angle on the problems of psychiatry in the context of cultural, economic and political issues.

The PNTZP tries to work in the service of the development of Polish psychiatry not only through partnerships and symposia. Since the beginning of the changes that began to reshape Polish psychiatry after 1989, it has worked to build a climate that has promoted the transformation of large psychiatric hospitals and the creation of community psychiatric institutions. From the outset it was clear that these changes could not take place without the active involvement of large psychiatric institutions. The dedication to the society’s work of Dr Maria Pałuba of the hospital in Tworki, Dr Barbara Trafarska of the hospital in Dziekanka near Gniezno, Dr Anna Przewłocka of the hospital in Kobierzyn near Krakow, the late *Docent* Joanna Meder of the Institute of Psychiatry and Neurology, Prof. Adam Szymusik and prof. Maria Orwid of the Psychiatry Clinic at the Jagiellonian University’s Collegium Medicum, and the employees of the hospitals in Drewnica, Rybnik and Międzyrzecz has brought about the integration of the psychiatric community across the country, and the dissipation of the divide into hospital and non-hospital psychiatry. If we look at the names of those who have been initiators of change for the development of community psychiatry, and who were the creators and implementers of the National Mental Health Protection Programme – Jacek Wciórka, Katarzyna Prot, Maria Załuska, Artur Kochański, and also the authors of this article – it transpires that many of them have in some way, at some time, been connected with the PNTZP. It has often been conversations at PNTZP symposia, many of them with our German partners, that have helped us find solutions to various of the problems contingent on the reform of psychiatry. A significant feature of this exchange has been the fact that the Germans, too, are constantly reforming and developing psychiatry in their country. This has the advantage that we can both adopt the best practices that they have implemented, and avoid what one of the German doyens of the PNTZP calls “[their] best errors” [16].

“Ordinary” scientific or academic societies tend to be run on a rotational basis, while most of the participants in their symposia do not know each other. In the PNTZP it is different. We do, of course, welcome new members from time to time, but most of those who attend our symposia are people who have been involved with the society for years. This naturally has its advantages and disadvantages. One of the latter is the fact that it is rather hard for newcomers to find a niche in a group of people who have known each other for many years, and share history and experiences that are to some extent hard to convey. The advantage is that a group such as ours has traditions, and its members feel secure, and can support and understand each other in a way that one-off, sporadic contacts do not allow. We are nevertheless aware that in order to continue

functioning and developing, our society needs to be open – open to new people, new ideas, new projects. We believe this is possible, and we encourage anyone interested in working with us to get in touch.

References

1. Cechnicki A. *XVIII Sympozjum Polsko-Niemieckiego Towarzystwa Zdrowia Psychicznego „Utrata i zdrowie psychiczne. Pozbawiony ojczyzny – uciekinier, wypędzony, emigrant... i przybysz?”* Opole, wrzesień 2007 r. *Post. Psychiatr. Neurol.* 2007; 16(4): 361–362.
2. Marcinowski F. *Leon Daraszkiwicz i jego monografia o hebefrenii.* *Psychiatr. Pol.* 2012; 46(1): 123–131.
3. Ternon Y, Helman S. *Eksterminacja chorych psychicznie w III Rzeszy.* Warszawa: Wydawnictwo PZWL; 1974.
4. Jaroszewski Z. *Zagłada chorych psychicznie w Polsce 1939-1945: praca zbiorowa.* Warszawa: Wydawnictwo Naukowe PWN; 1993.
5. Gawin M. *Rasa i nowoczesność.* Warszawa: Wydawnictwo Neriton, Instytut Historii PAN; 2003.
6. Nasierowski T. *Zagłada osób z zaburzeniami psychicznymi w okupowanej Polsce. Początek ludobójstwa.* Warszawa: Wydawnictwo Neriton; 2008.
7. Nasierowski T, Herczyńska G, Mysza DM. *Zagłada chorych psychicznie. Pamięć i historia.* Warszawa: Wydawnictwo Eneteia; 2012.
8. Leidinger F, Cechnicki A. *Losy polskiej psychiatrii pod okupacją niemiecką w czasie II wojny światowej.* *Dialog* 2012; 20: 143–157
9. Bogusz J. *Wojna i okupacja a medycyna: międzynarodowa sesja naukowa w Krakowie, 25-26 kwietnia 1985 r.* Kraków: Wydawnictwo Akademii Medycznej im. Mikołaja Kopernika w Krakowie; 1986.
10. *Psychiatria po Oświęcimiu.* Kraków–Münster: Polsko-Niemieckie Towarzystwo Zdrowia Psychicznego; *Dialog* 1993; 2.
11. *Bliskość i obcość.* Kraków–Münster: Polsko-Niemieckie Towarzystwo Zdrowia Psychicznego; *Dialog* 2004; 13.
12. *Los(y) ludzki(e) w krytycznych czasach.* Kraków–Münster: Polsko-Niemieckie Towarzystwo Zdrowia Psychicznego; *Dialog* 2006; 14.
13. *Utrata i zdrowie psychiczne. Pozbawiony ojczyzny – uciekinier, wypędzony, emigrant... i przybysz?* Kraków–Münster: Polsko-Niemieckie Towarzystwo Zdrowia Psychicznego; *Dialog* 2007; 15.
14. *Psychiatria potrzebuje zaufania.* Kraków–Münster: Polsko-Niemieckie Towarzystwo Zdrowia Psychicznego; *Dialog* 2011; 19.
15. Bogacz J, Sippel V. *Terapeutyczno-rehabilitacyjne walory górskich obozów wędrownych.* *Psychoterapia* 2001; 119(4): 49–59.
16. Pörksen N. *Nasze najlepsze błędy. Doświadczenia z niemieckiej reformy psychiatrii.* *Dialog* 2009; 17: 124–132.