

unclaimed bodies, unclaimed lives:



post-socialism
and psychiatric hospitals
in the czech republic

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psychiatric hospitals and their transformations

The origins of institutional care in the Czech Republic date back to late 19th Century, when large hospitals were built within parks as self-sufficient complexes surrounded by walls, always outside cities; in a few cases monasteries were used for this purpose. The organization of the space reflects a very particular cosmology, and these institutions enclosed a complete economy of life and death – including production of food, workshops and manufacturing, and burial grounds. During socialism, these institutions remained the primary form of care for severely mentally ill patients, expressing the socialist ideology of state provided care, but these policies actually resulted in the seclusion of patients. After the fall of socialism, these institutions were perceived as symbols of totalitarian power and there were attempts to introduce alternatives in the form of community services and assisted living, but the proposed transformation has not yet been implemented. Czech Psychiatry remains the most under-resourced from EU countries, and does not comply with international standards of care, despite having its representative current president of European Psychiatric Association.



In my research, I explore the spaces in which people suffering from mental conditions are gathered, and the various forms of social solidarity and exclusion expressed in interactions within the institutions, as well with the 'outside world'. Tracing changes in social responses to the conditions of patients living in these hospitals back to the fall of state socialism in 1989, I focus on the role of medicine, human rights initiatives, and art in 'reclaiming' the lives of patients treated in long-term hospitals.

medicine

In the early 1990's, a young generation of psychiatrists was determined to change the conditions for their patients, bringing them 'back to society'. Inspired by similar developments in the West, they established NGO's to provide intermediary care for the patients – sheltered living and work opportunities, and assistance of medical professionals. However, due to the lack of resources and political will, and also disagreement within the professional community on the appropriate forms of care, this has never been incorporated into the health care system. Nevertheless, many other creative approaches to modernizing forms of care are emerging at the initiative of psychiatrists, for example using new technologies to prevent relapses of conditions like schizophrenia or bipolar disorder and unnecessary hospitalization.

art

In 1990 the first art festival was held at the premises of a psychiatric hospital. The original idea of one of the psychiatrists to 'tear down the walls' of the institutions and open them to the public gave rise to one of the most attended cultural events in Prague, and since then has expanded to other hospitals, with several hundred concerts and performances each year. All the major music and theater



groups performed here, including the group Plastic People of the Universe, whose imprisonment led to the initiative of Charter 77, and therefore symbolizes the struggle for freedom. In this space, art represents the possibility of communication 'between two worlds', and enables patients to reclaim their agency. Furthermore, products of their art therapy sessions are sold in various galleries and are objects of gift exchange with their caregivers and families.



human rights

In the specific tradition of the Charter 77 movement, one of the first post-89 initiatives was to review the potential abuse of human rights within psychiatric hospitals. The newly established post of human rights commissioner was responsible for coordinating activities to improve conditions of the patients, and inspections from international human rights institutions (ECPT, EC) advanced the process. Various NGOs were founded to facilitate these initiatives. Cage beds, used in some wards to prevent harm to patients, became the symbol of coercion and source of strong international criticism. However, these are still in use in certain cases, due to the critical lack of staffing in hospitals.



unclaimed bodies and the economy of sacrifice

I conducted extensive fieldwork in two hospitals: one, a prestigious institution conducting high-profile research, treating primarily patients with first episodes of illness and high chances of recovery, using modern technologies and novel pharmacotherapy, and the other, a long term institution originally devoted to the care of 'incurable patients'. Even today this is a place for people with incurable developmental and psychiatric disabilities, sexual deviances, criminal histories as well as those with severe dementias close to death. I explore the notion of curability as a key determinant of the fate of the patients in both of the hospitals: need of care results in different social responses to their suffering, secluding them from the rest of society, temporarily or permanently.

The general perception of psychiatric patients as threatening and undeserving, and the stigma attached to psychiatric illness resulting in the loss of support networks, suggests that their state can be conceptualized as a state of impurity. The purification or redemption of these 'unclean bodies' comes either through healing, or through death, when the conditions are incurable. One of the rather unusual findings is the historical law allowing the use of 'unclaimed bodies' of patients dying in these hospitals without relatives for the purposes of medical research and education. In essence, their bodies were used so that others can be healed through the medical knowledge gained in studying them. I conceptualize this as a sacrifice: through their death others can be healed, reclaimed back to life.

