

The Geneva Psychiatry 1980's Crisis

Psychiatry and Antipsychiatry

Edited by François Ferrero

Part 1:

**Inquiry on the Geneva 1980's Crisis: Forced Hospitalization, ECT and Sleep
Therapy**

By François Ferrero

Events of the 1980s cannot be understood without a look at some of the people and circumstances of prior years and keeping in mind that the population of the Geneva Canton comprised only 350,000 inhabitants at the time. The University Psychiatric Hospital, Bel-Air, was a monopoly with no other public or private psychiatric hospital in the area. In December 1978 the hospital had 538 patients.

In the mid-1970s four professors were in charge of what became the Geneva University Psychiatric Institutions: Julian de Ajuriaguerra, Gaston Garrone, René Tissot and André Haynal.

- ***Julian de Ajuriaguerra*** (1911-1992) was born in Bilbao, in the Basque County of Spain; studied medicine, neurology and psychiatry in Paris; and was a disciple of André Thomas, Jean Lhermitte, Pierre Janet and Gaëtan de Clérambault. He was also a close friend of some surrealist artists as Paul Eluard, André Breton and Luis Bunuel. During World War 2 he lived in Paris; during the Nazi Germany occupation he was active in the French resistance movement. Later, he became a member of the "Group Batia," a group that was instrumental in the "sectorization" of psychiatric services in France. Before he was invited to Geneva University, de Ajuriaguerra was well known for his contributions to neuroanatomy and the re-evaluation of psychomotor pathology, as well as the reeducation of psychomotor and language troubles. He was also a child psychiatrist

interested in early development and he founded the journal named *La Psychiatrie de L'Enfant*; his *Manuel de Psychiatrie de l'Enfant* (1970) remains a classical reference. He also trained as a psychoanalyst under Sacha Nacht. During his 17 years in Geneva, he was able to completely transform the psychiatric organization. His charismatic personality, as well as his teaching methods, attracted a lot of young doctors to Geneva. (Chairman of the University Psychiatric Department, and Director of the Geneva University Psychiatric Institutions, 1959-1976).

- **Gaston Garrone** (1924-1991) was born in Cée, Spain; he received his medical degree in Turin, Italy and joined Ferdinand Morel in Geneva, first from 1949-1951, then again in 1952. In 1963, he was appointed Chief of the new Outpatient Clinic named "Centre Psycho-Social." He was mainly interested in social psychiatry, psychotherapy and psychopharmacology. The book he published with a group of young Colleagues, *Crise et Interventions de crise en Psychiatrie* (1986), is a good example of his interest in the development of modern approaches in social psychiatry. He was also a very talented organizer. (Chairman, Outpatient Clinic, Geneva University Psychiatric Institutions, 1971-1976).
- **René Tissot** (1927-2010) was born in Le Locle, Neuchâtel, and received his medical degree in Lausanne. He was trained in neurophysiology, neurology and psychiatry in Paris, Neuchâtel, Basel, and Geneva. His main interests were biological psychiatry, neurology, and genetic psychology in its application to psychopathology. He was a man of broad culture and close to Jean Piaget who wrote a preface for one of his books: *Introduction à la Psychiatrie Biologique* (1979). He was a pioneer in the domain of monoamines and their relationship with psychiatric symptoms, as well as in research and treatment of Parkinson's disease. (Vice Director, Hospital of the University Psychiatric Institutions, 1971-1976).
- **André Haynal** (1930-2019) was born in Budapest, Hungary, where he studied psychology and philology before choosing medicine. He received his M.D. from the University of Zurich where he trained in neurology and where he underwent his first psychoanalysis. He later reoriented his career into psychiatry and psychotherapy, first in Lausanne, with Pierre-

Bernard Schneider, where he underwent a second psychoanalysis, then in Geneva with de Ajuriaguerra and Tissot in the Clinique Bel-Air, and then with Gaston Garrone at the Outpatient Clinic. After his third psychoanalysis he engaged himself very actively in the Swiss Psychoanalytic Society, becoming President of the Society (1976-1979) and Vice-President of the European Psychoanalytical Federation (1979-1985). His main domains of teaching and research were psychotherapy, psychopathology, psychosomatic illness, medical psychology, and behavioral medicine. He is the author of numerous scientific articles and some of his books have been translated into different languages, such as "Depression and Creativity" (1985). André Haynal was a man of exceptional broad culture and had a great reputation as an historian of psychoanalysis and publishing; Among his important contributions was his publication on "Controversies in Psychoanalytic Method: From Freud and Ferenczi to Michael Balint" (1990) in which he addressed "the great controversy that began between Freud and Ferenczi and was continued in the work of Balint" (Vice Chairman, Outpatient Clinics, Geneva University Psychiatric Institutions, 1971-1976).

Chronology of some problems: 1973-1980

The first notable difficulty arose in 1973 when nurses decided to go on strike because of a chronic lack of qualified nurses and bad work conditions, especially in the geriatric and mental development units (Brulhart 2003). It should be noted that a strike is a very rare event in Switzerland, a country where the search for consensus is part of a long cultural tradition. This year was also marked by an unsuccessful tentative effort to reorganize the adult psychiatric services based on the French system of "sectorization."

The following year, 1974, during de Ajuriaguerra's sabbatical leave (Brulhart 2003), an open controversy surrounded the way the research of René Tissot was conducted. This led to the removal of one biologist and of one medical doctor, a decision strongly criticized by a majority of doctors working in the University Psychiatric Hospital, Bel-Air. These events also contribute to the explanation of why, in October 1976, when de Ajuriaguerra retired, the atmosphere in

Department of Psychiatry was far from quiet despite the honor of his nomination to Collège de France.

It has yet to be confirmed that de Ajuriaguerra's succession was unusually organized without national or international competition. Nevertheless, a commission appointed by the medical faculty proposed a new organization based on "sectorization." The two most important academic and hospital positions were awarded to Gaston Garrone, who became chairman of the department, and René Tissot, named as Director of the hospital (Bel-Air). With an administrator, these three formed the Executive Direction. André Haynal, Director of the outpatient facilities (Centre Psycho-Social) and a delegate of the Chief Medical Doctors, joined the Executive Direction in a so-called Council of Direction. De Ajuriaguerra supported this new organization in an August 1976 letter sent to all his collaborators: "I am happy to announce that two of my Pupils will succeed me."

This strange roleplay could be the result of academic, political, and friendly motivations: Gaston Garrone and René Tissot, despite their very different personalities and scientific interests, were also old friends and former close collaborators of Ferdinand Morel, Julian de Ajuriaguerra's predecessor. Another explanation could be found in René Tissot's academic standing at that time: trained first as a neurologist, his main ambition was to become the Chair of Neurology at the Geneva University. However, different explanations, among them political links to the socialist party, or maybe Tissot's very strong character, prompted the medical faculty to choose another candidate.

It is not difficult to understand that such a reorganization, with a Director for the Psychiatric Hospital and another one for the Outpatient Clinics, was a major obstacle to the sectorization project and that many doctors and nurses were disappointed in the arrangement: how to work together to favor the continuity of care and to implement a variety of therapeutic approaches also in the domains of social psychiatry and psychotherapy with two directors, René Tissot and André Haynal, who were unable to collaborate, and a chairman (Garrone) without any authority over his two colleagues?

In 1977 the first appearance of a therapeutic community in one unit of the hospital represented an open expression of the resistance to René Tissot.

The same year, a group of young psychiatrists (members of the *Association des Médecins Progressistes*), took a position against psychiatric internment (compulsory hospitalization), isolation rooms and electroconvulsive therapy (ECT).

They also expressed open criticism of some of the research conducted by René Tissot for ethical reasons, such as the absence of the submission of a protocol to the ethical committee, the absence of informed consent or even the lack of competence of some research collaborators.

And finally, during the same year, the first important public controversy occurred at the occasion of the forced hospitalization of a young woman named Anna. Showing strange behavior, she was arrested by the police of Canton Solothurn following a demonstration against nuclear power.

Anna opposed the police and the day after her arrest a psychiatrist decided to send her to Bel-Air Hospital. (Although her medical chart was not consulted, she probably suffered an acute psychotic episode, called *bouffée délirante* in French psychiatry.) She tried to refuse her compulsory hospitalization, protested with a hunger-strike, and received ECT. This hospitalization was the beginning of a violent struggle in Geneva and far away, with demonstrations and numerous newspaper articles.

Tissot's response to this situation was particularly rigid and almost unbelievable at the time of de Ajuriaguerra. According to a 1977 letter to the *Tribune de Genève* sent by two doctors, (Enckell and Bierens de Hahn 1977) he convened all doctors working in the Psychiatric Hospital for few minutes in his office and asked them: "Are you of the opinion that electroconvulsive therapy is questionable as a treatment? Please, answer by yes or no." Only one senior resident answered "yes", and one resident refused to answer; both were removed from the Hospital. This decision was followed by a long judicial battle. Nevertheless, the government supported the decision of the Director. A letter of protest was also sent to Tissot by a group of colleagues. So, a few months after de Ajuriaguerra's retirement, the atmosphere surrounding Geneva psychiatry

was extremely difficult. More letters related to psychiatry and to patients' rights were also published in 1977.

The year 1979 saw the creation of an "Association Defending the Rights of Psychiatric Users." As time passed, several articles were published in the *Journal de Genève* newspaper. (Arsever 1979a,b,c). In 1980 Norman Sartorius and Solange de Marignac et al. published *La santé mentale à Genève* (Mental Health in Geneva) in a Quarterly Review *Dossiers Publics* in which they noted: "The number of Psychiatrists per thousand inhabitants (in Geneva) is one of the highest in the World... and the situation is as favorable for the rest of the infrastructure... Despite that, a dissatisfaction exists... Too many drugs are prescribed, not enough efforts are made for informing the public and to eliminate the stigma." Between 1972 and 1983, a monthly becoming soon a weekly journal, *Tout Va Bien Hebdo* was published by a group of activists close to the extreme left (Steinauer 1980, 1981a,b,c, 1982). They wanted to offer a counter-information "breaking with the polluting and mystifying discourse of the press enslaved by the media." Some issues were criticizing the psychiatric hospital and its director, as well as his research.

In January 1980, two ECT devices were stolen and left at the front door of the President of the Psychiatric Supervisory Council (*Conseil de Surveillance Psychiatrique*). The devices were in the admission units, most probably in the nurse's office. It seems that it was difficult to steal them without inside collaboration.

The *Conseil de Surveillance Psychiatrique* was created around 1936 and was extremely powerful. It received complaints from citizens regarding possible troubled individuals, was allowed to make an evaluation and made the decisions on forced hospitalization. The "Conseil" was also responsible for the "surveillance" of the University Psychiatric Hospital, Bel-Air, and was informed of every hospitalization. Its' members were primarily psychiatrists, including its president, and included some lawyers or judges; the Attorney General was also present in all sessions. One of the main decisions after 1980 was a profound modification of the role of the "Conseil," giving it much less power, for example, ending its right to hospitalize people.

About sleep cures

To my knowledge, sleep cures were the exception at that time in the University Psychiatric Hospital, Bel-Air. Rarely have I personally conducted such cures, which were still considered useful, but were also a very demanding integrative treatment. The work of Paul-Claude Racamier (1924-1996), a psychoanalyst who was also a close collaborator of Charles Durand in the Psychiatric Hospital Rives de Prangins, had also a strong influence (Racamier and Carretier 1967).

At that time, the main reference book in French psychiatry was Henri Ey's 1974 *Manuel de psychiatrie* (Manual of Psychiatry), which included one short chapter devoted to sleep cures.

After reviewing various articles in the French literature about the different types of sleep cures, that which was normally used in France was called "intermediate" and fell between the classical Jakob Klaesi's (1883-1980) narcotherapy and the light sleep cures. The articles discuss some indications and conclude that the sleep cure is a psychosomatic treatment and that it is difficult to dissociate the psychotherapeutic and physiotherapeutic factors. Proposed pharmacological treatment: light barbiturates, like Amobarbital, 0.60-0.80 g per 24 hours; or long barbiturates like Gardenal, 0.50-1 g per 24 hours; and neuroleptics, like chlorpromazine, 100-150 mg per 24 hours. They also suggest that some opiates or hypnotics could be added if necessary. It appears evident that the very high dosages received by Alain have nothing to do nor with Klaesi's practice nor with any usual recommendations.

Some prerequisites for treatment are also clearly stated: a quiet place; a trained team of nurses; systematic and somatic investigations, including the cardiovascular, respiratory and hepatorenal systems. The authors add two crucial requirements: a psychological preparation and the acceptance by the patient after having received all necessary information.

About Sleep Cures in Bel-Air	
Example of usual Treatment	Alain's Treatment
Flunitrazepam 4mg	Flunitrazepam 12mg (12 ml)
Levomepromazine 200 mg	Levomepromazine 600 mg
Promethazine 100 mg (only if necessary)	Promethazine 300 mg

Promazine up to 100 mg	Tuinal (Barbiturate) 1800 mg
some Chloralhydrate	Trifluoperazine 60 mg
	Trihexyphenidyl (Dosage not found)

June 1980: Alain's sleep cure

Alain's hospitalization, seclusion room and treatment were approved by the Psychiatric Supervisory Council (as reported in a 1982 *Tout Va Bien Hebdo* article). Alain, who suffered from a recognized, investigated but underestimated bronchopneumonia, as confirmed later by autopsy, received daily during 10 days of a treatment conducted and supervised by René Tissot. This treatment uses more than three times the usual doses and adds barbiturates (see table above).

On June 29th, Alain passed away. Alain was a brilliant student who, after studying theology in Geneva and agronomy at ETH Zurich, planned to enroll at the C-G Jung Institute to undertake training as a psychoanalyst. He had been hospitalized a few times in different hospitals and was followed by both a Jungian psychoanalyst and a psychiatrist. Because he was also an active member and co-founder of the Association of Psychiatric Users, (ADUPSY), his death was followed by a political storm and by demonstrations against the so-called abuses in psychiatry. Following his death, the autopsy conducted in Geneva, was strongly criticized because it was made by a member of the Investigative Committee. (For that reason, the three judges who successively dealt with this case requested "second opinions" from several medical experts outside Geneva. See below.) A criminal complaint was also opened. Yet, the justice system worked very slowly and concluded, nine years later in 1989, that there was "no ground of prosecution" (*non-lieu*); the case was dismissed.

Although neither the suffering of Alain, nor the sadness of his friends and relatives are explicitly mentioned, we fully recognize them.

Alain's autopsy

At our request, we have received a full copy of Alain's autopsy thanks to the cooperation of the Geneva Judicial Archives without any restrictions for their use.

The autopsy was conducted in the Forensic Institute of the University of Geneva (*Institut de Médecine Légale*) on June 30, 1980, 26 hours after Alain's death.

General information

Age, 27 years; Height, 178 cm; Weight, 70 kg.

The histological exams showed "...a bronchopneumonia, a pulmonary stasis, a pulmonary edema, interalveolar bleeding (In French: *hémorragies*) a chronic bronchitis."

No alcohol, morphine or derivatives were found in the blood.

The systematic qualitative analysis in the gastric content, blood, urine, liver, and kidney revealed two barbiturate derivatives, secobarbital and amobarbital, both constituents of Tuinal, one of his prescribed drugs, as well as the presence of three derivatives of phenothiazine: levomepromazine, (Nozinan), promethazine (Phenergan) and trifluoperazine (Terfluzine).

The urine showed benzodiazepine derivatives as well as their metabolites, 2-amino-5 nitro 2'-fluorobenzophénone, the hydrolytic product of flunitrazepam (Rohypnol).

Conclusions

The main cause "has to be **the broncho-pulmonary infectious state**. It appears of a recent process. **The chronic bronchitis has favored the development of the acute state.**"

The toxicologic analysis revealed the presence of substances corresponding to the prescribed drugs at high dosages as expected based on the known clinical data. It does not correspond to a massive intoxication which could represent a process distinct of the medical prescriptions. No other drugs or toxic substances have been put in evidence.

"The depressive action of the drugs has obviously played a role in the development of the broncho-pulmonary infection."

In conclusion: The main cause of Alain's death is a bronchopneumonia with a preexistent chronic bronchitis, as well as a significant drug load.

In September 1980: The government appoints an Investigative Committee

Under strong social and political pressure, and after weeks of hesitation, the government finally made the decision on September 16th to appoint an Investigative Committee.

Members of the committee were: President, Daniel Sorg, MD, general practitioner, Vice-President of the Psychiatric Administrative Council; Charles Durand, MD, Em Professor, Geneva University, former Director of the Psychiatric Hospital Rives de Prangins; Ralph Straub, MD, Professor of Pharmacology, Geneva University; Jacques Bernheim, MD, Professor of Forensic Medicine, Geneva University; and M Jacques Tagini, former General Secretary of the Geneva Health Department.

Without delay, the Psychiatric Administrative Council decided to remove the Collegial Council of Direction and to appoint the Administrative Director as General Director. During that interim organization, Gaston Garrone became Medical Director (1980-1982). It was the end of a century of a psychiatric hospital direction under the responsibility of a MD.

Before 1980, The General Director, called the "Director" of the University Psychiatric Institutions, was a psychiatrist and not an administrator. The Administrative Director was placed under the Director. In 1980, Garrone became "only" Medical Director. This represents a very important modification, including for the budget, the responsibilities of nurses and other collaborators, etc. It was the end of what was called "The medical power."

The years 1980-1981

These 12 months were difficult for the psychiatric teams and probably for many patients. The collaboration between colleagues working in the Psychiatric Hospital or in the Outpatient Clinics was extremely limited. Many articles were published in the newspapers, including some of them which allowed René Tissot and André Haynal to freely express and explain their position and ideas. Tissot also received support from other directors of psychiatric Clinics in the French

speaking Cantons of Switzerland (*Suisse-Romande*) who published a letter in the *Journal de Genève*. Another letter was also published in the famous French newspaper “Le Monde” by colleagues working in different countries.

Everyone was waiting for the conclusion of the Investigation Committee.

In September 1981, after having received the investigation report, the Ministry of Health and the government decided to publish it in the newspapers. The *Journal de Genève* published an article on September 11th entitled: *Vers une révolution de la psychiatrie genevoise* (Towards a revolution of the Geneva psychiatry), signed by SB.

Summary of the Investigation Report

Many problems listed in the report resulted in the University Psychiatric Hospital, Bel-Air, specifically, and the Psychiatric Department in general, being judged dysfunctional.

As shown in the documents, the critics pointed to the medical direction, the unsatisfactory postgraduate training, the excessive importance given to biological treatments, the too frequent sleep cures, all “without clear guidelines... the isolation rooms similar to prison cells, without call bells nor guidelines for their use.” The law of silence in the hospital was also criticized, as well as the lack of transparency of the medical direction and the “rigid and inadequate attitude” of the Director. Some parts of the report also give an overview of René Tissot’s research, underlining some ethical problems.

The critics also touched on the responsibility of Gaston Garrone and the psychiatric organization as a whole, for example the poor sectorization based only on catchment areas and on geographical criteria, without any regard nor promotion of continuity of care, etc.

According to the Investigative Committee, the main error was not the capability of René Tissot, but the creation, in 1976, of the position of Medical Director of the University Psychiatric Hospital, Bel-Air:

“Giving to Professor Tissot this responsibility which offered him naturally to take some distance with the outpatient care, one permitted to his natural

inclination toward biological psychiatry to develop at the expense of other aspects of psychiatry...He demonstrated that he was not accepting a global conception of psychiatry and that his orientation into biological psychiatry prevented him from taking into account the psychosocial and psychotherapeutic aspects in the therapeutic interventions.”

Immediately after the publication of the investigation report, many articles were published in the newspapers and in the Journal *Tout Va Bien Hebdo*.

After 1981

During the following year, 1982, the government presented a report on the reorganization of the University Psychiatric Institutions and another one to answer to a petition brought by ADUPSY.

In October 1982, a new organization was set up to promote a more active sectorization and the diversity of treatments. The adult psychiatry was divided into two services, comprising some hospital units and outpatient clinics: the first service, with two sectors, was placed under the responsibility of Gaston Garrone, with two chief psychiatrists; the other service, with one sector, fell under the responsibility of André Haynal with one chief psychiatrist (the author).

Consequently, as a result of this new organization, a group of senior doctors, some of them very competent, were more or less forced to resign and decided to go into private practice. It includes senior doctors working in the University Psychiatric Hospital, Bel-Air or in the Outpatient Clinics.

Garrone saved his position as chief of the Psychiatric Department, but he lost a lot of his power in this crisis; the same can be said of René Tissot who ended up with a small inpatient unit in the hospital. After losing his appeal against the reorganization in front of the highest Swiss Federal Court, Tissot decided to reduce his workload to 50% and to develop his research activities at the University Aix-Marseille where, in 1986, he was appointed to the French National Center for Scientific Research (CNRS).

Comments

The main limitation of this paper is my lack of competence or expertise in the domain of the history of psychiatry.

This overview is based on open access sources. Nevertheless, confronted to many articles and even books published on the subject, and in order to make a fair presentation, supporting documents were selected from not only official publications of the government, but also newspaper articles and papers published by Members of the Association for the Defense of the Psychiatry Users (ADUPSY).

Another limitation is that all references are in French.

Almost 40 years later, it is not easy to construct a clear picture of these troubled years. From my point of view, a good part of the difficulty is due to some political decisions made at the time: first, the government put very strict limits on the work of the Investigative Committee, including the prohibition by the General Attorney, a strong supporter of René Tissot, to provide access to medical charts. Other limitations touched on the inquiry into research activities, as well as on accusations of violence in the psychiatric hospital.

Secondly, some decisions by the Medical Faculty appear questionable, such as the absence of international competition for de Ajuriaguerra's successor.

Thirdly, the composition of the five-member Investigative Committee appears skewed by the choice made by the Ministry of Health: it included three colleagues of René Tissot and all five members came from Geneva.

Psychiatry has faced difficult times throughout its history and has had a conflictual or ambivalent relationship with Justice, Politics, Media, and Society. It is partly because the role and boundaries of Psychiatry practitioners were never easy to clarify: What about their possible and very variable role for public security or social stability? The context in Geneva during these years was also complicated by political elections. As a result, between 1980-1982, Geneva had three different ministries of Health, each coming from a different political party.

The newspapers considered what was presented as a profound reform of Geneva Psychiatry, as seen in Serge Bimpagne's 1982 *Ce qui se fait pour réformer la psychiatrie genevoise?*

(What is done to reform the Geneva Psychiatry?). A very critical book of the authorities was published by Steinauer the same year.

Julian de Ajuriaguerra said that “psychiatry has always to do with freedom” - still a very sensitive remark. He also said that if it is difficult to give a simple definition of freedom, everyone understands what the absence of freedom means.

A note about the legend of the ECT ban in Geneva:

After the two ECT devices were stolen in the year 1980, these devices were not replaced by the Direction. In the year 1999, after returning from my former position in Lausanne, I received a quite ambiguous answer from the General Secretariat of the Geneva University Hospitals:

“...To our knowledge, it doesn’t exist a specific legal provision preventing electroconvulsive treatments.

“Only psychosurgery and isolation rooms are clearly treated in the Law K 1 25.

“On the other hand, it appears that a long use is proscribing this treatment in Geneva. This situation is similar to a custom which has somehow the force of law.”