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**Romania**

**Culture and Mental Health Care in Romania:  
Everyday Anxiety and Clinical Psychopathology under Economic Decline**

**Topic of Research and Countries Visited**

This research examined mental illness and mental health services in three cities (Bucharest, Iasi, and Petrosani) in Romania. The research topic considers both the experiences of people who have been diagnosed with mental illness as well as considering the organizational culture and infrastructural nature of mental health services and service providers. Special attention was paid to the ways in which cultural articulations of personal anxiety related to financial and household economic matters intersected with stories about mental illness.

**Relevance and Contribution to the Field**

This project provides a “clinical ethnography” overview of the challenges facing the reform of Romania’s mental health system. This research shows how institutional changes in the physical infrastructure, the legal structure, or even the culture of mental health care can only have a limited impact on improving Romania’s overall mental health profile. The limits of many of the development projects – both intra- and extra-governmental – shine a spotlight on the symbiotic relationship between mental health, mental illness, and broader economic decline. Specifically, my research shows that institutional reform of the mental health care system will not address the problem of the overall burden of illness in Romania because of the socially, culturally, and institutionally vulnerable position in which people with mental illnesses find themselves.

A great deal of the literature in the growing field of clinical ethnography has stressed the close connection between our understanding of culture and the study of mental illness and the treatment of mental illness. Much of this literature either focuses heavily on the “cultural” particularity of mental illness in some distant place or it focuses heavily on the culturally particular conception of and treatment of mental illnesses. My research recognizes the centrality of political and economic factors in impacting both of these traditional levels of analysis. Specifically, I argue that it is impossible to understand mental illness in Romania without understanding the broader social, cultural, political, and economic world in which the person with a mental illness lives.

The Romanian mental health system provides an important case study for understanding 1) the impact of broader cultural, social, political, and economic factors on mental illness in Eastern Europe as well as 2) the effectiveness or ineffectiveness of institutional reform and development investment as a piecemeal process in assistance projects targeting health care in Eastern Europe. Without a greater integrative approach to reforming mental health care in Romania, the gains become limited and purely cosmetic, never reaching the very people who are to be helped by these reforms.

**Research Methodology**

Research was conducted at three psychiatric facilities (two weeks in each facility) in Romania from July 17 – Aug. 2, 2005: “Alex Obregia” Hospital in Bucharest, “Socola” Hospital in Iasi, and in the psychiatric ward of the Policlinic of the Emergency Hospital in Petrosani. The research methodology was built around open-ended, semi-directed, person-centered interviews. Sixty-six interviews were audio recorded during this period and 39 of these were also video taped. Thematic questions focused

on 1) family members and their perceptions of mental illness, 2) the role of religion in the lives of people with mental illness, 3) the nature of employment opportunities and employment history of people with mental illness, and 4) the experiences of patients in the mental health care system. I also conducted informal interviews with doctors, nurses, psychologists, and social workers at all three of the research sites to get an understanding of the nature of their professions, the challenges that they perceive facing mental health care, and their personal experiences as a care provider.

### **Research Findings and Preliminary Conclusions**

My research revealed the deeply entwined connection between the experience of mental illness and the “new forms” of poverty in Romania. Specifically, the increasing rate of unemployment, particularly among those who are 40 years old or older, has taken a catastrophic psychological toll that has, for many, led to and/or contributed to the emergence of mental illness. All of the physicians with whom I spoke in Romania stressed the increasingly central place of women in their late-30s to late-50s on the burden of illness in psychiatric settings. Most of the psychiatrists pointed out that, while, from an epidemiological standpoint, this is the key age for women to begin to suffer from major depressive disorders, the increase in the number of patients in this demographic category seemed to be more strongly correlated with the increased rate of unemployment among these women rather than appearing as a generalized increased rate of illness among all women in this age range. My qualitative interviews bore out much of these observations.

At the same time, doctors stressed that men are suffering a double-burden connected to economic stress and the increasing threat of downward mobility. Men have historically tended to compose the heaviest burden on the psychiatric system because they have tended to show a much higher rate of the most severe, chronic, and debilitating of the mental illnesses, particularly psychotic disorders (especially schizophrenia). In contrast to this, historically, fewer men have been hospitalized or treated for mood disorders (especially depression) than would be predicted by DSM epidemiological studies. Psychiatrists, however, have stressed that, since the late-1990s, they have seen an increase in the number of both psychotic disorders and mood disorders among men. While rich epidemiological data is lacking to support some of these claims, if this anecdotal evidence is true, this would seem to point to at least three possible explanations. First, for the psychotic disorders, this would seem to support some of the recent medical literature that has pointed out the increased prevalence of active psychosis among people who suffer from extreme social, cultural, and economic marginalization. Second, for mood disorders, this might suggest that there is an increased rate of mood disorders associated with the environmental stressors of unemployment and increasing poverty. Third, the increased rate of mental illnesses associated with mood disorders might be a function of both the “new forms” of poverty in Romania and how the “new” poor are forced to interact with the disability welfare system. It is probably most likely that the real reason for the increased rate of mental illness can be found in the confluence of all three of these factors, however, each would demand its own policy-orientation to address each of these factors.

### **Future Research Agendas**

Three central research agendas emerge from my current research. First, long-term ethnographic research in a series of psychiatric sites and among people with mental illness in Romania needs to be undertaken to understand the place of mental illness within the broader scope of a person’s life. This will not only give us an understanding of the non-institutional burden that is place on the Romanian state’s limited resources, but it will also give us an understanding of how people with mental illnesses contribute to Romanian society. Second, a greater scholarly effort needs to engage the problem of epidemiological data gathering in Romania. There is too little information about the epidemiology of mental illness as well as the nature of diagnostic differences between Romanian mental health care practice and that in other countries with which it might find itself compared. Third, scholars with a background in clinical ethnography must expand their understanding of how to conceive the relation between culture and mental illness by systematically and thoroughly including an understanding of the

political and economic context that frequently constrains the lives and practices of both the ill and the caregiver.

### **Recommendations for the U.S. Policy Community**

*Increase support for deinstitutionalization and a simultaneous commitment to community mental health care.* Large psychiatric hospitals have proven to be highly inefficient. While initially designed to take advantage of an economy of scale, the need for out-patient care – the least expensive type of mental health care – has become almost impossible as large, centralized hospitals consume all of the resources set aside for mental health in the state’s budget. Deinstitutionalization would allow for the establishment of community mental health centers that can help patients who do not need to be hospitalized. It is essential, however, that any deinstitutionalization be simultaneously met with a community health care option in order to avoid any disruption in services to people suffering from mental illness.

*Increase support and technical assistance for the founding of a national institution for gathering, analyzing, and dispersing the findings of mental health statistics in order to gain a better understanding of the epidemiological trends in Romanian mental illness.* At this point, there have been almost no epidemiological studies of Romanian mental illness, and, yet, everyone from policy makers to community leaders to religious leaders to physicians seem to believe that mental illness is more prevalent today than it was in the past. If this is the case, there needs to be a mechanism in place to document any trends in mental health epidemiology so that resources can best be brought to bear on different problems, in different regions – ultimately with an eye toward recognizing the correlation between epidemiological trends and various environmental (especially economic) factors.

*Increase support for reforming the legal system to combat institutionalized stigmatization of those with mental illnesses.* Improving the legislation related to confidentiality and privacy, as well as reforming the laws related to disability eligibility and workers’ rights, will allow more people with mental illnesses to be better integrated into Romanian society.

*Increase support for reforming the mental health educational system.* While psychiatric education is well-developed and relatively modern in Romania, the lack of talk-therapy training, the lack of specialized mental health training for nurses, the lack of training in basic psychiatry among primary care physicians, and the lack of a well-developed core of mental health-oriented social workers undermines the effectiveness of the frontline psychiatrists in their battle with mental illness. In addition to these broader professional reforms, a greater emphasis must be placed on the special ethical problems that arise in mental health settings.

*Increase support for public awareness campaigns to educate the public about mental illness and to fight the stigmatization that accompanies the cultural models of mental illness in Romanian society.* People suffering from mental illness are stigmatized everywhere. Romanians, however, tend to have a particularly harsh view of mental illness – a cultural understanding of “madness” that views it as a combination of evil (in the moral and religious sense), genetic weakness (eugenics), and stupidity (a conflation of mental illness with mental retardation). Families are known to simply abandon people at psychiatric hospitals once they learn that their loved one is indeed suffering from a mental illness. Priests frequently advise families and patients that it is the devil working through them that gives form to their mental illness. Even within the professional field of social work, young social worker trainees tend to avoid choosing the mental health track of social work because they see working with people with mental illness as somehow “dangerous” and “tainting.” These cultural beliefs must be addressed with a strong public education campaign in order to insure that families, communities, and professionals alike can provide the support that a person suffering from a mental illness might need.