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PSYCHOTHERAPY IN HUNGARY
DURING THE SOCIALIST ERA
AND THE SOCIALIST DICTATORSHIP

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This study provides an overview of how psychotherapy's Hungarian representatives tried to safeguard and transmit psychotherapeutic training and practice during the time of socialist dictatorship. At first, even some Soviet ideologists had considered psychoanalysis to be compatible with Marxist ideology. However, over the course of a few years, socialist ideology exerted pressure on psychotherapy's theory, training, and therapeutic practice. This was done initially on an ideological level, but later it increasingly resorted to physical violence as well, both there and through its export to a Hungary occupied by the Soviet army. All this was similar to its stand against the arts and literature. The first thing to appear as a result of this was a denial of the necessity of psychotherapy (stating that psychotherapy was only needed because of 'capitalist market conditions', with even the teaching of psychology being nearly stopped); later anyone could face serious repercussions for belonging to any school of psychotherapy, especially the analytic. It was also a part of the arsenal of those in power to put crucial centres of therapy decisively under the leadership of appropriately aligned neurophysiologists for long periods of time. The state kept these under strict control, and healing was reduced to medication procedures. The authors provide examples of the modest internal and external opportunities that nevertheless arose for prominent representatives of psychotherapy to solve these dilemmas. With the weakening of the dictatorship, the war on psychotherapy also subsided in a relative and inconsistent way. At this point, events in the politics of science were characterised by the degree of loyalty to the Soviet association, who were visibly abusing psychiatry, and the fight to preserve the relative independence of this field of science. The final part of the study touches upon one or two dilemmas of the heroic age of starting over that surfaced at the time of the political system's change.

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Die Situation der Psychiatrie in Ungarn im Sozialismus bzw. während der sozialistischen Diktatur: Die Studie stellt dar, wie die Vertreter der Psychotherapie in Ungarn versuchten, die psychotherapeutische Ausbildung und Tätigkeit in der Zeit der sozialistischen Diktatur zu bewahren bzw. sie über diese Zeit hinüberzuretten. Zu Anfang schien die Psychoanalyse einem Teil der sowjetischen Ideologen noch mit der marxistischen Weltanschauung vereinbar zu sein. Einige Jahre später begann die Offensive der Vertreter der nach sowjetischem Vorbild und von der sowjetischen Armee nach Ungarn exportierten sozialistischen Ideologie, die zuerst auf ideellem Gebiet stattfand, später aber auch immer größere physische Gewalt gegen die Theorie, Ausbildung und therapeutische Praxis der Psychotherapie ausübte – ähnlich wie gegen die Künste oder die Literatur. So wurde zunächst die Notwendigkeit von Psychotherapie geleugnet (postulierend, dass diese nur aufgrund der „kapitalistischen Produktionsbedingungen“ notwendig sei, und auch die Lehre der Psychologie wurde fast vollständig eingestellt), später konnten jedem beträchtliche Nachteile entstehen, der zu irgendeiner psychotherapeutischen Schule gehörte – besonders wenn sie analytisch orientiert war. Zum Kampf des Regimes gehörte auch, dass die bedeutendsten Therapiestätten für lange Zeit unter die Leitung von entsprechenden Neurophysiologen gestellt wurden, das Regime sie streng unter Kontrolle hielt und die Behandlung auf medikamentöse Therapien reduziert wurde. Es werden Beispiele dafür angeführt, welche – bescheidenen – internen und externen Möglichkeiten prominenten Vertretern der Psychotherapie dennoch für die Lösung dieser Probleme offen standen. Mit der Schwächung der Diktatur wurde auch der Kampf gegen die Psychotherapie etwas geringer. Zu dieser Zeit waren wissenschaftspolitische Ereignisse von der Loyalität mit der die Psychiatrie offensichtlich missbrauchenden sowjetischen Gesellschaft und/oder dem Kampf um die Bewahrung der relativen Unabhängigkeit der Wissenschaft geprägt. Am Ende der Studie werden einige Dilemmata der Pionierzeit des Neubeginns zur Zeit der politischen Wende erwähnt.

Schlüsselbegriffe: Psychotherapie, Ungarn, Kommunismus, Staatssozialismus, Diktatur, Geschichte, Rückblick, helfender Beruf, ideologische Unvereinbarkeit, Psychoanalyse, therapeutische Projektwerkstätten

The science and social history of how psychotherapy and socialism related to each other is a field that is still far from being exhausted. So far, particularly few studies have compared the cases of post-socialist states. The development of these countries in this area, however, showed different tendencies. In some of them, psychotherapy was completely displaced during the decades of socialism, whereas in most of the countries some kind of psychotherapeutic activity, method exercises, and education were always covertly present in the background (CSÁKY-PALLAVICINI et al. 2005, 217). Between 1948 and 1982–1985, the European socialist countries were eliminated from the international mainstream of psychotherapy that had been developing in the West for about three, or as some say, four decades, resulting in some of these countries still being backward or underdeveloped in this field. Other countries – Hungary among them – carried out psychotherapeutic training and psychotherapy with the permission of those in power. Sometimes this was done with the dictatorship's silent consent and sometimes it was done despite their ban – that is, illegally. Despite all kinds of ideological problems, a regional institutional system of care for psychotherapy

could be formed as early as the seventies in Hungary, while a lot of psychotherapy and training was (uniquely) carried out within the framework of private medical practices, as these were not banned, and were in any case difficult to control. Building upon the experience gained during the flourishing years of therapy between the two world wars, as well as the illegal training conducted under the dictatorship, Hungarian psychoanalysis was, for instance, granted associate membership in the International Psychoanalytical Association in 1983. This achievement meant that its formation was acknowledged and considered to have equal standing, with full membership received in 1989 before the collapse of Communism. Although other schools of psychotherapy could not boast of such traditions, as a result of their representative's efforts and the help in training received from the West – training in psychodrama, hypnosis, and family therapy – behavioural therapy and group analysis all received international recognition in the two to three years following Communism's fall. By then self-financed training that met Western standards was offered, which in itself was also unique in the practice of socialist countries at the time. In the Modernisation Era that followed the Second World War, psychotherapy therefore ceased to develop further in these communist countries; and although thanks to its strong roots it managed to survive those dead decades, its becoming generally known as part of the culture has been a development far from fully desirable. Two decades after the collapse of the socialist systems it is still not easy to take an objective approach to this question, as one needs to face the losses caused by ideological and administrative barriers while simultaneously acknowledging the partly successful efforts that had been made in transferring the psychotherapeutic values of the past.

1. Psychotherapy-related concepts and characteristic features of the historical analysis of socialism

1.1. Difficulties in exploration

Some conditions make the survey of the relationship between psychotherapy and socialism difficult. One is that all the formerly socialist countries still have those 'cadres' who do not consider the impartial exploration of the past important; facing the facts is not really in their interest. On the other hand, the different customs and traditions of individual nations, the political and ideological regulations that meanwhile developed in the most different ways, signal yet further difficulties. Before and after the internal political crises some liberalisation processes had started – which was obvious in Hungary and detectable to a smaller extent in other countries as well –, certain platforms, however, saw some tightening efforts afterwards. That is why it is not so simple to establish general rules.

Another problem is that psychotherapy cannot be separated from the psychological theories on which it is based. Now, making a theory disfavoured or even hunted in socialism, there was no need for any special ideological concern that would have served as justification regarding its content. It was reason enough – during the Cold

War and the political climate of the bipolar world in particular – if a theory emerged in the West and became popular or influential there. It did not matter that behaviourism and the behaviour therapy that grew out of it were compatible with Pavlovian psychology; they could not gain ground in the socialist countries until the 1970s and 1980s. Regulation sometimes resorted to rather rough methods; for instance, in professional publications only a few Western authors could be cited. The occasionally changing quotas in the German Democratic Republic even provided numeric expectations regarding this (PETHŐ 1986, 69).

Dictatorship strove to do the same to therapists as it strove to do to all other people: degrade them into an atomised mass without opinion or will. It prevented them from exchanging opinions, working in teams, or, what is more, even asking questions or arguing during or after the lectures that were, to begin with, extremely filtered. The abandoned therapists had to establish their professional and ideological convictions individually, and they had to keep them a secret. Naturally, most of the therapists did not believe in the central directives, but it was in their best interest not to voice this. It was in their best interest to at least try to behave as if they were not critical of such. Concerning slighter cases this meant that in secret they thought or did something differently; however, they often openly joined the official direction(s), which later also influenced their thinking.

Saying something regularly made you start to believe in it. The verbal, acted-out roles and true beliefs often became inextricably intertwined, and not only in the eyes of the environment, but also for the individual. Standing in the way of finding a solution were precisely the barriers that lead here: for these various reasons it proved very difficult to face true facts and convictions. Party membership was important in the 1950s and 1960s. Many psychotherapists and analysts joined the Communist Party. What is more – and this is a Hungarian speciality –, the psychotherapists who were party members provided opportunities and work for psychotherapeutic workshops. Then the situation changed with the next generation in the 1970s and 1980s. At that time there were a considerable number of psychotherapists who also demonstrated their ideological or religious convictions, and their different thinking, by *not* joining the party. This meant that the proportion of party members among psychotherapists was smaller than it was for the similar medical population. The experiences related to psychotherapy that accumulated during the years of dictatorship are worthy of separate research and study. However, the difficulty is that doing so would require a broader historical perspective, meanwhile the actors themselves are slowly disappearing from stage.

In these extreme circumstances, human behaviour provided ample opportunities and examples for navigating everyday problems, and also ways to seek answers to them. After losing their values, some of these people were transformed into members of the masses while others learnt through their own suffering what the long-term and stable values actually were. At the same time they became more open to recognising the value carriers through non-verbal communications, and to expressing these themselves as well. In addition to the development of the perception of hearing and viewing, one could learn how to covertly fight for these values; one could learn how much

to show and to whom to show it, and how to use off-hand remarks to realise where one could find allies or at least sympathisers – often in very surprising locations. Everyone had to decide for themselves how much they could risk, and how much they wanted to risk, in order to realise these values. In each case, this struggle for values contributed to the development of their personalities.

1.2. Ideological struggle

It was not the theory itself that counted, but rather the ideological struggle: a consistent adherence to the official theories and the ‘staunch’ condemnation of false concepts. Psychotherapy was not considered a special target or a distinguished area of regulation. It was put on the prohibition list since politics could regard anything as problematic. The fight was for human conscience and mentality in order to advance the correct ideology. In light of the political views of the era, ideas had the ability of influencing people in good ways as well as bad ways. Though absolute power ensured the autocracy of political education and agitation, there were still some traditional, ‘outdated’, ‘aborted’, ‘reactionary’ ideas, and the ideological enemy – the capitalist world, imperialism, and decadent philosophy – made regular attempts through ‘ideological loosening’, by ‘spreading pseudoscientific theories’, etc. Fighting against this was a must, which not only meant theoretical disputes, but entailed administrative measures as well. That is how obedient behaviour, called ‘public’ as a euphemism, ended up in the focus of preferred mentalities. Socialism, by definition, was intolerant. It hunted political and cultural difference without mercy, or approved of it ‘generously’ as a gift (SZABÓ 1998, 117). The organisational grounds of criticised ideas were rooted out, their representatives excluded from higher education, and their publications restricted, banned or even retaliated against.

Socialism did not want to accept the existence of the soul at all, not even in the form of the psyche or as the highest-level operation of the nervous system. For ideological reasons, it had no demands for a scientific study of man or for psychological healing processes. It especially regarded depth psychology as harmful (KIS 1995, 17). Pavlovism, including Neo-Lamarckism, was much more favourable to the regime, since these put their emphasis on profound ontogenetic conformism. Instead of instincts and the unconscious, what became the most important determinant of social behaviour and lifestyle was the recognition of class interests, that is, class-consciousness.

1.3. Enemy image

This domination mechanism works through the projection of enemy images, through its regular allusions to dangers that can justify and legalise dictatorship and repression. A society in which the same theme is repeated over and over – that enemies are among us – and where scapegoats are being searched for ceaselessly via campaigns and deadly show trials – will be paralysed (HANKISS 1989, 63). Psychology in its entirety

was the victim of this kind of operation in certain countries, together with most social sciences and some natural sciences like genetics, and partly biology, as well. A similar ideological control and orthodoxy dominated different areas of society. Not only did artists have to 'serve the people', religion was also hunted. Of course, Soviet and Eastern European socialism 'distanced itself' from the 'extremities', but it is clear that the only difference lay in the degree of radicalism. Recently published memoirs have provided information about such details of terror that would have been faithful copies of earlier 'Zionist doctors' trials' in the Soviet Union. Arrested with such intentions, the trial of the psychiatrist Imre ZÁDOR (2000) which began on 19 March 1953, could luckily proceed in a haphazard way precisely because of the death of Stalin on 5 March 1953. It was a death that saved Zádor's life. The use of enemy images that referred to the hazards and emphasising the necessity of 'vigilance' was basically the same that was used everywhere; or more precisely, in the base mechanism there was no difference.

1.4. 'Socialism with a human face'

Socialism never gave up its ideological aims, though it adjusted to the changing balance of power and was forced to pursue pragmatic politics in this field as well. Ideological debates were carried on during the period of soft dictatorship, which did nothing else but keep up the deceiving appearance of 'Socialism with a human face'. They were also held for the sake of economic cooperation with the capitalist countries (SZELÉNYI 1990). The tools of dictatorship were at hand; the armed forces and the Workers' Militia were still there after 1956, and stood ready to be put into action up until the change of regime. Ideology, on the other hand, was also necessary for consolidation. In this, the front line did not run along psychotherapy or psychology, but rather in the fields of art, education and the social sciences. There the official doctrine was already available – Marxism and dialectical historical materialism, class theory and the idea of class war –, which provided sufficient explanation even for international political struggles. Socialism regarded every other theory as hostile. To handle them all, socialism took as 'fundamental works' such models as *Anti-Dühring* by ENGELS (1950) or *Materialism and Empiriocriticism* by LENIN (1976), which in very rude tones labelled all other approaches as evil and nonsensical. Youth was an outstandingly sensitive topic, and as such, art too, especially literature in which the avant-garde always belonged to the youth. Later on modern or 'pop' music also joined this stream, mostly because of the freedom and novelty it represented for young people. Proper education was an issue of regulation that was easy to realise on the curriculum level during the period of true dictatorship. Whether teachers did go to church or if they were religious at all only became a burning question afterwards – if it was discovered that this was the case with individual teachers, they were declared unsuitable for teaching.

1.5. Socialist man

The individual was not important with his or her interests and demands. It was the words of the collectives and the crowds that counted, that had to be followed. The interests of the individual could come only after those of the community. This, however, brought about negative changes in the social consciousness too, being as it was subordinated to a central power that led to a lack of civil autonomy (HANKISS et al. 1982). 'Socialist man' adopted the prevailing ideology and ideas, and resigned himself to the arbitrary decisions of the state and called its promises into account. But the 'way the power was thinking about goodness did not coincide with what the citizen paralysed in his capabilities and self-determination thought about thankfulness' (LOSONCZI 1998, 36).

1.6. Psychotherapy within medicine

Personal factors or particular group interests that had played a central role in the displacement of psychotherapy are best observed in medicine. In all Eastern Europe, neuropathological, organic psychiatry started to prevail; neurology and psychiatry were classified within the same organisational framework. Custodial psychiatry was of the lowest rank. Scientific progress and professional authority were in the possession of neurology. Psychoanalysis, as well as other trends in psychotherapy, were regarded as threatening to the hegemony of neurology; they just did not fit into the framework defined by neurology. As for the understanding of psychiatric and behavioural disorders, inheritance, cerebral pathology and the deficiencies of neurological abilities served as the main explanations. As such, psychotherapy was seen as lacking credibility both in its theories and in its methods by the dominant scientific methodologies and practices. The criticism after the Second World War concerning dualism and psychologising 'came in hand' for the leaders of neurology and psychiatry. It seemed that psychology in its entirety required ideological control; no wonder that in the socialist countries the institutions and education of psychology were in the hands of physiologists, especially those dealing with neurophysiology. If someone considered promotion, the orthodox biological approach was a major requirement in psychiatry; most of the directors were neurologists.

At functional departments and professional consultations created in the Soviet pattern, treatment involved those methods of hidden suggestion and punishment that had already developed by the turn of the century and which were called, by the Pavlovian terminology, confirmation and deconditioning. Such a method consisted, for example, of the electric stimulation with direct current (the 'faradic' method, which sometimes could be made as pleasant as it could be made painful), insulinisation in small doses (in the treatment of serious psychiatric disorders, instead of insulin coma, only evoking the vegetative signs of decrease in blood-sugar level and then eliminating those with glucose injection), doing a cure of vasodilator injections, etc. And then there were the old and newly appearing sedatives, and later the psycho-pharmaco-

Sometimes the conversations held in the treatment rooms were referred to as psychotherapy. (They talked about ‘rational psychotherapy’, the essence of which was persuasion.) Karl LEONHARD (1965), the influential East German psychiatrist tried to develop a methodology out of it in his book, but he usually called it only consultation or patient guidance. Here in Hungary, it was called ‘the school of patients’ for a while, as suggested by the hypnotherapist Ferenc Völgyesi (BUGA & VÖLGYESI 1957).

In ‘great psychiatry’, electroshock or its chemical equivalents (cardiasol shock and the already mentioned insulin chemistry) were regarded as *therapy*. As its theory claims, the whole effect was about the termination of the adverse reflex paths and the revival of the genetically earlier ‘normal’ paths. Nothing referred to the idea that this seemingly biological explanation contained psycho- or sociogenetic considerations, since new and wrong associative connections and reflex paths were believed to arise as the result of some external effects. For a while, this logic only manifested itself in that psychiatrists loyal to the political system said that the creation of the socialist society would put an end to those life conditions that could lead to psychiatric disorders. As a result, they prognosed a decrease in the number of psychiatrically disordered patients. This idea justified the negligence of the problem of bed availability for medical attendance at psychiatric wards. However, what they expected never came about. In the 1960s an increase in the incidence and prevalence of schizophrenia, the ‘main’ psychiatric pathography was already observable. They began to establish a network for the ‘treatment of mental disorders’ (a psychiatric ambulant system) and to put new psychiatric departments into operation (BUDA 1994, 240).

1.7. Ideological orthodoxy: Soviet-style academic control

Ideological orthodoxy was generally stronger in the sciences than in public life. It was particularly true for the Sovietised academies. We may look at this as a perfect example of multisource control – in the light of psychology and the adjacent sciences. It was not different in the field of arts either. The actors of academic life and the arts under their control were usually more conservative than the official science or cultural policy, which showed willingness and readiness to compromise and tended to avoid open confrontations. However, the procedure of academic advancement was well controllable, and self-restriction was as easily established here as in the case of literary and cultural publishers and journals. Up till the end of the 1960s, even politics turned sometimes to the academy for restrictive or retaliatory devices. For instance, similar to the so-called ‘quiet hour’ of writers, the candidature of several doctors was detained, usually because they had happened to make some ideological kind of mistake. This occurred, for example, if their name came up in connection with some anti-religious action, or forbidden literature was found at their place at the time of a house search.

As already mentioned above, the strictness of ideological regulation that the various centres controlled showed differences even within the Soviet Union. The major enemies also changed from time to time. During the time of Hungarian self-publications,

little serious punishment was still in existence, but the secret action called SZETA (Fund for Supporting the Poor) fell under strict judgement. The overall importance of SZETA is to be found in the novelty of the newly established terminology that regarded poverty as a social problem, and in the bold attempt they made to handle it, as well as in the gradually developing professional attitude. It is worth mentioning here that all this was realised in a political system that clearly showed favour toward those who were in a more advantageous situation. The majority of the society surrounding the above organisation stood fundamentally against poverty. We could refer to numerous grand art actions, public readings, and auctions under their name. Even the police came upon these forbidden presentations. In the years after 1968, Iván Szelényi and György Konrád were dragged through the mire for forbidden manuscripts that they did not even intend to spread (KONRÁD & SZELÉNYI 1989). Szelényi was expatriated, just as many other artists, such as Péter Halász and his company who were forced to leave the country.

The situation in the socialist era was similar, though inversely, to those tendencies of psychotherapy that did not so evidently irritate the regime and the orthodox life sciences. An example of this is the autogenous training that is explainable through education methodology, or hypnosis, which was first related to the mechanisms of sleeping (and bona fide scientific sleep research), and then its substance was found in distinct cerebral processes.

2. Specific technical and historical processes in the 20th century that influenced how psychoanalysis and psychotherapy developed, spread and endured

2.1. The state of psychoanalysis before World War II

With regard to psychotherapy, psychoanalysis was the first consequent tendency and school that was able to provide a clear definition of itself and which established the organisational grounds of its operation. Psychoanalysis was the prototype of psychotherapy. What prepared its true influence was a great demand within society, namely the serious lack of knowledge about psychological approaches of phenomena. The following processes were described through clear concepts and theories first: instincts and the basic human needs they represent, repression, sublimation, superego (first: censor), narcissism and the unconscious. The school that had the ability to handle these areas as parts of everyday life and to offer novel responses and approaches had the potential of affecting human education, literature and arts, and became the dominant idea after the First World War, then especially after the Second World War. All this process was so intensive that the psychotherapeutic practice defined and applied by psychoanalysis could no longer be rooted out of the social sphere in which the education, improvement and manipulation of people were always present as a force, just like the attempt to change their behaviour.

Later on, all the other tendencies started to follow this model. It was the self-dependence of psychoanalysis that helped the other tendencies in finding their 'place

in the market', as this had evolved 'consumer demands' and thus the institutionalisation of psychotherapy. At first socialism born in the Soviet Union accepted this theory, Freudism and the therapeutic practice, that is, psychoanalysis. Moreover, in the beginning they even intended to combine it with Marxism (HARMAT 1991, 69).

In the 1920s, psychoanalysis exercised great influence over Soviet society and public thinking (ETKIND 1999). It penetrated the arts, education and other fields too. Psychoanalysis served as a motivation and positive challenge for psychology and for the social sciences as well.¹ It is true, though, that its representatives also meant to use it as an ideological weapon in the power and ideological battle they had against Stalin. On Trotsky's side they appeared for the Bolshevik opposition; then beaten in the battle, many of them emigrated or committed suicide. Finally, even psychoanalysis itself, which had been used as the ideology, became persecuted. Its indisputable impact also arose, increased, or sometimes revived Marxist suspicion concerning it. The closed, black and white Bolshevik ideology regarded this sharp impact as a 'conspiracy theory' challenge, since it appeared in new areas and in a 'Proteus-like' way. But still, beating it back or just restricting it was not that easy a mission, as it was present in everything that was considered important and valid in sciences or in social practice. The fact that after the Second World War psychoanalysis became quite influential in the United States, and to a smaller extent in Western Europe, did not make the situation easier.

Psychoanalysis started to be seen as hostile during the time of the fraction battles in Marxism and the international communist movements, probably due to the influence of 'Freudomarxism' and Wilhelm REICH (1971). The reason was that with this, a psychological approach would have become regarded as equal to the social theory of Marxism and the mechanic socialist image of man would have been pushed into the background. As a result, psychoanalysis was now seen as the primary ideological enemy in the Soviet Union, which led to the gradual disappearance of analytic and psychoanalytic literature.

Since later the official ideology in the countries of the Soviet regime, thus in Hungary, became the socialist system that was taken over, the fate of psychoanalysis was the very same for quite a long time in these states and in Hungary as well. However, if the aim is to assess how it all happened in Hungary, we cannot leave it unmentioned that by the first half of the 20th century we had already had the institutions that we regard as the cradle of depth psychology and psychoanalytic therapy. That is to say, since the very beginning there were some prominent Hungarian representatives of it (Ferenczi, Bálint, Hermann), plus the fact that the psychoanalytic school of Budapest became influential very quickly. A point of interest for scientific history from those years is that in 1919, during the short life of the Hungarian Commune, Sándor Ferenczi was the first in the world to get a professorship in psychoanalysis (HÁRS 2006, 127).

¹ During this time Trotsky, who was at the height of his power, even spent money and energy on establishing and running the Psychoanalytical Institute in Berlin from secret funds (ETKIND 1999, 450).

The ideas of psychotherapy – mostly through their integration into pedagogy and literature, as well as through their channels – became widely known to the public already in the 1930s. This meant that despite all frustration, their social integration could finally begin, paving the way for mental hygiene focused psychotherapy. In the times of the socialist dictatorship, this heritage made further advancement and opening possible through the transfer of professional knowledge. Of course knowledge and information on psychotherapy could not be assembled in a planned way, but rather in a quiet, covert manner.

2.2. The period in which Communism established itself (1945–1947)

After the tragedy of the Second World War, in a short period of time the nation lived through the greatest extremities in a mental sense as well. Following a violent seizure of power and social reform that was forced through several steps (LOSONCZI 2005, 121), socialism set the goal of satisfying all needs of people directly, through central control (MONTGOMERY 1947).

A considerable number of psychoanalytic groups operated in Hungary, members of which joined the Communists in power overtly or covertly following the war as survivors of Nazism. For this they could not be simply labelled as reactionary or hostile. As they were persecuted by Fascism, they were taken in for a while in the spirit of Anti-fascism. Although a professorship had not been created for this field in the post-1945 Hungary, Imre Hermann and Pál Gartner could lecture on a new, scientific image of man (i.e., psychoanalysis) at university – Erős 1968, 2001, Harmat, 1986, 1994, Etkind, 1999, etc. – (HARMAT 1994).

The influence of psychoanalysis was also felt in child care and the arts, again through people who were persecuted prior to and during the war, and most of whom actually became members of the Communist Party. The situation was slightly different in the case of education in psychology, as by the time socialism came to power a modern university psychology faculty had not yet been established. Before the war, only some kinds of philosophical psychological formation existed, while after the war, the idea of continuing seemed natural, visualising the faculty of arts at the university as the venue for education. However, ideologists of the age believed in development to such a degree that for example they deemed sociology, social politics, psychiatry and psychotherapy unnecessary, which according to them only served to fix errors stemming from capitalism. As a result, practitioners and institutions of these fields were faced with new circumstances and perception.

Following the Second World War, as the Marxist system grew stronger and became dictatorial in orientation, it regarded psychotherapy, and specifically psychoanalysis, with increasing suspicion, even animosity, and successfully prevented their development. And from time to time it set the goal of destroying them.

2.3. The years during which the multiparty system was eliminated (Communist takeover of power) and persecutions started (1947–1948)

Despite the population trying to have a say about its future via elections during the two years following the war, and the proportion of moderates being up to 60%, those in power, relying on Soviet weapons, disbanded 1,500 associations as early as 1946. Within three years all non-Communist organisations met the same fate. Members of the Psychoanalytic Association banned at the end of the 1940s initially tried to continue their activities at the few remaining psychotherapeutic practices in the capital, though soon these were also transformed into neurological practices. A small group of professionals felt it was their task to nurture psychoanalysis also as a part of healing and education, and exercising it in the most difficult times they succeeded in transferring it. A student of Ferenczi, the psychiatrist Imre Hermann, for example, conducted analysis in secret, under the guise of the practice in Maros Street, with the patient sitting in an armchair but not allowed to see the face of their doctor. However, the true contents of the therapy marked down as therapeutic discussion was psychoanalysis.

2.4. The period of increasing terror (1948–1956)

Show trials started,² deportations were ongoing, and the State Protection Authority was established, which became dreaded by the public (KAHLER 1993). Between 1950 and 1989 ‘problems of society and deviant behaviour occurred increasingly frequently, while burdens of work, a lack of social relations; family and other tensions contributed to the rise of the proportion of stress and stress-related illnesses’ (TOMKA 1991, 64).

The main targets of persecution by the dictatorship were institutions, organisations and initiatives that could have assisted in the raising of independent personalities who were capable of thinking and deciding independently from those in power. The ideal of those in power were mentally dependent, easy to influence people of the masses. The methods of the ÁVH (the abbreviation of the State Protection Authority that became infamous) included psychological and physical torture, and the lives of many were turned sour by the fear of somebody ringing the doorbell at night³. Fields whose aim was to heal or develop the personality shrunk, as the learning of the methods of survival and mastering the techniques of evasion and hiding worked against building

² The essence of show trials was to plan supposed crimes and create ‘appropriate’ proof in order to meet a predetermined sentence based on false accusations. To understand its dimensions: between 1950 and 1953 one million criminal proceedings were initiated, and out of the 650 thousand indictments prepared final judgement was passed against the defendant in 390 thousand cases. As a result, in 1953 44 thousand people were on forced labour in approximately 100 internment camps set up after the example of the Soviet Gulag (ROMSICS 2001, 345).

³ Mock procedures often started with being spirited away during the middle of the night. These were not necessarily accompanied by public or ‘legal’ proceedings, and because of this families of many only found out about the whereabouts of their beloved after several years. The final outcome of procedures depended on a concept unknown to the victim and was unpredictable.

a personality. At the beginning of the 1950s, socialism denied the justification and necessity of psychotherapy on the basis of ideology, as it claimed that illnesses within psychotherapy's scope were only consequences of the mistakes of class society, and that these would therefore disappear along with its demise. Although involuntarily and always peripherally, socialism maintained psychiatric care even afterwards, it remained an enemy of psychology and psychotherapy. The official course started to support conservative psychiatry. Despite trying to maintain an appearance of progress, this alliance born out of necessity was in truth reaction in the guise of development. This is how in this period, nearly exclusively people considering themselves neurologists were appointed to heads of psychiatric departments. This is how the powers-that-be forged their own weapon against academic psychiatry.

How a national institution like Lipótmező in Budapest could function is well characterised by the example of the different medical directors it had. To avoid attacks on psychotherapy, some escaped into ironic-hypochondriac passivity, like Sándor Stief, who secretly kept the faith in those for whom it was very difficult to wait for the advent of increased freedom, like Gimesné Lili Hajdu (KUN 2004). Their situation was further encumbered after those in power appointed a so-called 'worker-caretaker' next to them in a leadership position who was a former operating surgery cadre, Comrade Tiringner. As a result, leadership mostly spent time on ideological and power struggles instead of healing. About another two decades had to pass for initiatives that would certify the possibility of entering psychiatric patients in work therapy (BENEDEK 1983). Nevertheless, Lili Hajdu was able to extend limited protection to therapy and psychotherapists right up to the point when her son was executed together with Imre Nagy for his role played in 1956, and she was laid off (PANETH 1994, 260).

Hardly even started, education in psychology could not even take root; following the turn of events in 1948, it immediately had to become a part of the new system dictated by socialist concepts, which in practice meant withering away. In the most difficult period, between 1948 and 1963, the ideology of the dictatorship was so aggressive that it nearly abolished the training of psychologists at universities. You could not study it as a stand-alone specialisation and it was only capable of conveying very limited knowledge, containing hardly any practical experience. In fact, psychology became an auxiliary science of pedagogy (VAJDA 1999), not really being able to get over the decade-long hiatus up until today. With this, psychologist training reached rock bottom in Hungary, although it was still not in the worst position among countries under Soviet rule.⁴

Following the change in power, restriction and condemnation was nearly complete and very harsh in the fields of human scholarship. There was no need for social sciences, as you had dialectic and historical materialism and Marxism. Not even for psychology, as there you had the Pavlovian theory, which provided a uniform biological explanation to human behaviour; what is more, it did so in an evolutionary perspective, and therefore eliminated the great danger lying in psychology: a dualistic approach,

⁴ For example in Rumania it was completely stopped for several years, with a revival only arriving after the fall of the Ceausescu system.

the assumption of a spirit independent of the body, which was not only a refuge for religion, but also the foundation for idealism as well. All that had traditional institutions regarding humanities fell under the ban; then everything ‘Western’, i.e., pseudo-scientific, politically loosening, or that could disturb the ideology of the working class or the masses. However, the revolution in 1956 proves that despite all this, there remained hope and strength in the people that could find its way to the surface. And thanks to the period prior to the war, psychology and psychotherapy were rooted in society in a way that the dictatorship was unable to root them out.

2.5. The period after 1956

The forced modernisation that started in the socialist system, ideological suppression, authoritative political control, and the prevention of economic and social reconstruction, led to social disintegration, constant insecurity, and institutionalised anomie (DIÓSZEGI et al. 1997, 353). The system planted a deep distrust in people for all kinds of culture transfer, socialising them to be suspicious, sceptic, agnostic and cynical (TOMKA 1991). After the 1956 revolution ideological reconciliation and, as a part of it, the scientific ‘liberation’ of psychology began, restrictions on the publication of books and journals were ended. Around 1960 there was a certain stiffening, but the step back was minor. For instance, the editor of a book written by Mihály Bálint⁵ faced retaliation, and was made redundant (HARMAT 1994), while certain book publishing projects slowed down. At the beginning of the 1960s a Soviet ideologist replied with a critical piece of writing according to the official line, as a result of which the guesswork started to determine who had taken the issue to the Soviet Union.

Later attacks always contained personal motifs: they wanted to harm specific individuals by accusing them of supporting or representing psychoanalysis. In a sharper statement (*Társadalmi Szemle*), one of the authors of the current article (B. Buda) was also criticised, and labelled as ‘an importer of Western psychology’. In reality the attack was targeted at the then powerful Pál Gegesi Kiss, who had restored the academic status of psychology, and re-launched Hungarian Psychological Review (*Magyar Pszichológiai Szemle*). This was a fairly open and liberal publication, the leading article of which, together with Lucy Libermann, reasoned for the importance of psychoanalytic child psychology.

Everybody could experience the falsity of the ideology of socialist society putting an end to adverse living conditions, and reducing the number of illnesses as a result of its beneficial effects. A higher incidence of schizophrenia and other pathographies required new solutions and an increase of treatment capacity. Also following the Soviet example, they introduced ‘sleeping cures’ for ‘disconnecting’ – deconditioning– and electroshock. Usually during one or two weeks the patient was given sleeping pills, and spent most of the day ‘slumbering’. At the time the treatment was also popular

⁵ BÁLINT, M. (1961) *Az orvos, a betegek és a betegség* (Budapest: Akadémiai)

with patients, with the names attached to it also being quite suggestive: slumber treatment, full hibernation, lasting relaxation, etc. However, the treatment had many side effects. A lot of patients got used to the drugs, and elderly people today still include many former patients who take Noxiron or Dorlotyn – the two main drugs of the era. In the treatment of serious psychiatric illnesses, lobotomy, the surgical interruption of presumed pathological paths in the frontal lobe, was used for a time. The treatment did not have socialist origins. First it became widespread in the West, with its inventor quickly receiving the Nobel Prize, but it was also immediately employed in the East as it corresponded to the prevailing view.

The post war momentum could only be optimistic regarding mass health protection, and there was a desire to achieve highly visible results in this area. Healthcare that used to be in the hands of various insurance systems was transformed into a unified organisation, and in order to organise regional healthcare they established a network of local doctors. A few mental health care institutions created before the war were supposed to care for psychiatric and neurotic patients. However, needs did not decrease, on the contrary, they further increased. As a result, when political changes allowed, their number started to increase slowly and reached ten. The goal when establishing them was to be able to offer treatment to patients not only when they volunteered. And what was more, not only the specific illness diagnosed at this point should be possible to be treated, but if necessary, the long-term, regular treatment of patients and even their supervision should be feasible. This did not occur voluntarily; patients received a written invitation to report for review.

At this point in time there were no centralised institutions in Western Europe similar to mental health care institutions operating on a regional principle, and providing complex care. The Hungarian system of care was one of the institutions of political centralisation that had a positive effect, and functioned right up till the fall of Communism. At that point, however, it gradually lost its efficiency as the widening rights of patients no longer allowed them to be ordered to come, and even less to be taken in involuntarily. But at the same time, this also meant that the regular treatment and health check-ups of patients were over, with treatment centres being transformed into psychiatric care institutions. From that point on, nurses could no longer visit patients of whom the institution was aware, and the opportunities for preventive work were limited for good.

Small Hungarian islands of psychotherapy were gradually formed in the 1960s, which could then start developing. As for instance the office in Faludi street in the Thirteenth District of Budapest, led by Júlia György⁶, and at the National Mental and Neurological Clinic the department of Miklós Kun⁷, the group that formed around

⁶ Júlia György raised as her own son György Aczél, who held high political offices and had a close relationship with János Kádár.

⁷ Miklós Kun was a psychiatrist who believed in Communist ideology but rejected Bolshevik methods. By his own statement he only shared a name with Béla Kun, the people's commissar who held several leading positions in the 1919 Commune (KUN 2004, 18).

Ferenc Mérei⁸, and the group led by György Hidas that was established at the Attila József Hospital under the directorship of Ernő Szinetár, and outside Budapest Intaháza led by Dénes Goldschmidt. The first mental hygiene care institution was set up in 1963 by the psychiatrist Gábor Paneth in Csepel, a district of Budapest, by improving a district mental health care institution. The professional example for this was provided by the mental hygiene possibilities appearing between 1945 and 1948, which were impossible to maintain after 1948. Two positions for psychologists were successfully secured at the Csepel Institute of Mental Health, where they dealt with all forms of mental disturbances, among others alcoholics and their families, education counselling, and district, plant and school surveys, as well as primary prevention issues, for example effects of music on the development of the personality.

In these workshops, issues of psychotherapy methodology, such as the role of the therapist (ADORJÁNI & GÁLFI 1963, 643), could also be discussed, and research was launched into group psychotherapy (HIDAS & BUDA 1967, 537); the large group, and other therapy initiatives as forms of therapy could appear (GÁLFI et al. 1966, 409).

2.6. The period of reconciliation (1963–1970)

Approximately five years after it was established, the Kádár dictatorship started to soften up, and during the first half of the 1960s changes also occurred in psychologist training at universities. However, nearly another ten years were needed for university students to receive knowledge from professionals who not only held auditorium lectures, but also taught the practical experience of dealing with patients. Prior to this, practical training could only occur informally, outside the university and official framework.

Professionals in Hungarian psychotherapy were successful in using the concessions achieved by the German Democratic Republic that was considered more reliable ideologically. One of the GDR's 'German ways' was the recognition that Communism did not like the strengthening of individuality or the cult of individualism, and the emphasising of individual self-rule, autonomy in psychotherapy. As a result, they tried to rely on group psychotherapy that became fashionable in the world and West Germany from the 1960s on, and which they placed in a framework of ideology. According to this, adaptation problems of the individual stem from disorders of group integration, meaning that group sessions need to ensure the correction of this. Local schools were formed, which distanced themselves from Western schools in a style or rhetoric that was in accordance with the requirements of ideological seclusion, but still allowed room for the establishment of some kind of psychotherapy culture, similar to international trends of development.

⁸ Sentenced to a prison term for sympathising with the 1956 revolution and his behaviour against the retributions following it, but later pardoned, this psychologist, who had a large impact, could initially only be employed at the National Institute of Psychiatry and Neurology as a janitor, and for a long time was not allowed to see university students specialised in psychology.

2.7. Increased economic competition, main areas of the cold war (1970–1980)

It was approximately at the turn of the 1960s and 1970s when it became clear to a number of economic experts and politicians that the decisive factor in competing with the West was to be economic rather than military. During this time, the values determining living conditions and providing a basis for material growth were in the focus within Hungary,⁹ while at the same time non-material demands arose as a counterweight to practical materialism gaining ground (HANKISS et al. 1982). These voices had the opportunity to be heard at a time when the dictatorship was losing strength, and the number of those believing in it was also declining. By the 1970s, deviant forms of behaviour increased in Hungarian society. Major problem factors were suicide and alcoholism, but a high occurrence of mental diseases also had to be faced. As a result of all these processes, the demand for professional events rose.

The starting series of events for the evolving profession of psychotherapists were the 'Psychotherapy Weekends' (HARMATTA 2006, 86), organised on 25 occasions within 12 years from the middle of the 1970s by György Hidas and colleagues. The events, belonging to the category of minimal legality, had a resonant echo amongst experts of psychotherapy and related professions on a wide scale which lasted for several years, and also impacted the shaping of the psychotherapeutic identity, and consequently the emerging generations of professionals. This series of events operated using model-type professional forums and methodological demonstrations, featuring several types of schools, also including psychoanalysis as a bona fide trend. The focus was on group methods, as emphasised by the psychotherapists of socialist countries. They believed that as opposed to the individualism of psychoanalysis and other psychotherapeutic schools, the collective group may be the true behaviour shaping force.

This made it possible for the participants gathered, who at times amounted to several hundreds, to gain first-hand experience of large group dynamic processes, information about which had thus far only been available from professional literature, if at all. In 1974, it became possible for a few key members of Hungarian psychoanalysts to travel to the psychoanalytic Freud institute in Frankfurt as part of a state grant in order to present their work. However, despite the recommendation of Imre Hermann, it took more than ten years for the international organisation to accept Hungarian professionals as full members (PANETH 1994, 260). Still, in addition to a professional networking opportunity, this visit also represented the recognition of the continuity of the Hungarian psychoanalytic school, which was also interconnected with a certain amount of supervision tasks.

⁹ According to the survey carried out using the Rokeach value scale the most important target values both in Hungary and in America were peace and family. At the same time nation, work and material well-being were more important, while freedom, equality, wisdom and salvation were less important values in Hungary than in America. Regarding tool values credibility, responsibility and helpfulness are equally important in both countries, while intelligence and discipline are much more important, forgiveness, freedom from prejudices, pride, self-esteem and efficiency are less important in Hungary than in America.

During the Seventies, the revision of psychoanalysis also arose in the Soviet Union. Even a large conference was organised on the unconscious in Tbilisi in 1978. But this ideological reconciliation did not last long. Between 1973 and 1986, psychotherapists of socialist countries, led by mainly East German experts, attempted to clarify the status of psychotherapy (Prague thesis, Psychotherapeutic Working Group of Socialist Countries, 1973), thereby also determining the status of psychoanalytical practice. Regular meetings were more useful in raising arguments and establishing legitimacy in specific countries, for example regarding issues related to the organisation of psychotherapeutic care, or issues of book publishing and editing. However, in the 1970s, the powers-that-be were still suspicious of Western experts, and they were still not allowed to officially visit Hungary with a professional agenda. However, it was possible for Malewski, an active psychodramatist of Warsaw, to be invited for a short period unofficially, but not illegally, and to transfer practice oriented therapeutic knowledge to Hungarian colleagues.

East Germany was an exception in that its hard line ideological screening proved to be a good letter of recommendation, and therefore the 'political and ideological reliability' of professor Höck in leading Hungarian psychotherapeutic groups did not need to be supported by too much evidence to the ministries. After Kurt HÖCK (1974, 123) published a communiqué on the network of psychotherapeutic departments and the system of group therapy training, this served as a baseline reference for continued development of Hungarian psychotherapeutic initiatives in the future.

It was a significant event when Sándor Klein invited Carl Rogers and his close associates for a demonstrative conference – more or less following in the footsteps of the psychotherapeutic weekends. Although few had the opportunity to hear him, Rogers' visits in 1984 and 1986 were an extraordinary event (KLEIN & KLEIN 2002).

Following domestic initiatives, the application of group methods was launched later. Based on the work of György Hidas, the Bion-Foulkes model of analytic group therapy became the most widely distributed method, as well as the so-called large group due to the Bálint group and the suggestive demonstrations of psychotherapeutic weekends. Following Czech and Polish examples, psychodrama began gaining ground. First it was Miklós Kun, followed by the charismatic character of Hungarian psychology, Ferenc Mérei, who started training and held methodological demonstrations, without any preliminary experience, but still very effectively.

In addition, the Rogers type non-directive method, which focused on the individual and was described in *Gesprächspsychotherapie* by Johannes HELM (1978), also became accepted. Influential representatives of the profession started to work first based on this method, and later to teach it at an important clinic, similarly to behavioural therapy and cognitive therapy. These methods were established and promoted through professional literature, domestic attempts, and later through sparse and brief foreign visits.

Ideological control remained. The organisation of psychotherapeutic weekends had to be accounted for to ideological supervisors – also based on personal reports – and the invitation of Rogers required preliminary approval by the central party authority. (One of the authors of this paper, B. Buda, also provided a professional recommendation

for this.) The first official private practice, that is one that was reported and licensed, was launched upon a psychologist with high party ranking investigating the issue, but without any actual influence on the affair. Personal relationships also played a role in elevating psychotherapy from the category of tolerated to that of one receiving vital support: one key therapist had the opportunity to found and operate a psychotherapeutic department subject to conditions that were not generally widespread in health-care at the time.

By the end of the 1970s, psychotherapy had become accepted. Psychotherapeutic departments opened and professional clinics started their operation. Although only for doctors, private practice had always been possible in Hungary, and due to the principle of patients being free to select their doctors, this has always remained uncontrollable from a methodological point of view. Everyone was free to pursue their own activities and provide training in any field, but the force of professional consent was strong. No serious abuses have come to light, everyone operated according to their specific training.

The following is a typical section from the memoirs of János Harmatta, which illustrates how the so-called 'soft dictatorship' worked in specific professional practice.

In the beginning of the 1970s, I was about to head home from the clinic one afternoon, when a patient knocked on my door and requested time for a short conversation. She was very upset; I immediately had the feeling that something must have happened. I put my briefcase down and invited the lady in. She told me that all eight patients in the same room have been called upon to report to the medical director. They had to enter the room one after the other. When it was her turn, the director asked how she felt. She could only say a few sentences when the director interrupted and asked whether she was satisfied with me – her therapist. (I must add that the treatment of the patient was in its final stage.) When she tried to respond, the medical director asked her to write everything down and submit it to him the next day, and assured her that she did not need to adorn the document with her signature.

According to his explanation, the director was only interested in how his doctors were performing their work. Pointing at a pile of papers, he added that he also asked the same thing from all other patients. He told this lady that he was in principle satisfied with my work, but wanted to gain information on my weaknesses. The patient was reluctant at first, but then promised to put the information requested in writing. However, she was later upset by this affair, and turned to me for advice. She did not want to say anything about me. The whole affair was quite awkward, as it seemed to her like a scene from the 1950s. While listening to the patient, I felt tension and relief at the same time. I was surprised by the feeling of relief. At the same time, the insidious feeling of being watched and secretly monitored suddenly disappeared. I now knew that I was being watched, and I also knew how. However, this affair went beyond simple monitoring. The fact that they were requesting and collecting reports of me, and what is more, were doing so in secret, represented more of a psychological threat. One could never know where the boundaries lay. In games such as this, they expected that someone would tell me (such as this patient whose conscience would not let the matter rest). As a result, I would not only have to be watchful of this patient,

but also have to keep check of the power lurking in the background. They did all this in the firm belief that I would only realise where I had made a mistake at the end.

Remembering this scene today, I have to ask myself what prevented me from telling this story at the next doctors' meeting, and demanding an explanation from the medical director. This is what I would definitely do today – however, at that time, the idea never even came up. I believe I mentioned it to one or two colleagues with whom I had a confidential relationship, but have never spoken of it openly and officially. Why not? On one hand, I did not want the patient to get involved, possibly used as a witness. I did not want anything to come to light regarding her. She helped me – and why would I not provide her with the protection she deserves? But fear also played a role in all this: fear of the hidden power turning against anyone who exposes it and does not respect its concealment. By tearing its mask off, I would have insulted the power. This would have been open war. I, however, wanted to keep my job. The power wished to remain hidden. It would definitely not have been possible for it to remain hidden were it not for the same power mechanisms throughout society, also outside of the hospital department and clinic, right up to the political leadership.

Following this, I started thinking whether they really want to fire me or not. I assumed that they would not go so far, but believed that they would also leave this option open as a threat. Their intention was to let me know that they had filed incriminating records about me. Their intent was for me to experience that they were actually treating me well, and that despite these records, I could carry on with my work. They expected me to feel protected, and at the same time threatened by this power (immoral as it may be); if I did not obey, it would turn against me. This use of power also had the purpose of us feeling protected by the very power that we had to feel threatened by. It was clear to me from the beginning that the report of the patient had put me in quite an advantageous position. I told her to decide herself whether to submit a written complaint the next day or not. I told her that I understood her situation and presumed that she felt pressured by the medical director.

The cornerstone of this story is secrecy, the secret itself (although many other things could also be highlighted, perhaps more tangibly): for me to feel the controlling power without being able to detect it. This power did not assume responsibility. It did not need to assume responsibility – but I had the constant obligation to report. At the same time, this image has a number of aspects. At that time, this institute was a very special place: this was a place where therapy could be performed, it was an institution with outpatient care, the telephone could be turned off during therapeutic sessions, we had access to professional literature – and all this was considered as part of our work. We were the envy of our colleagues working outside of the institute. We were a working group with a psychoanalytical focus. At the same time, we also must be aware that psychoanalysis represented a potential drawback from the point of view of our career: one did not have much of a chance of ever becoming a chief physician. On the other hand, psychoanalysis offered an island of internal freedom, which was well suited to the 'internal exile' chosen by many intellectuals at the time.

Psychoanalysis was subjected to attacks, but it was tolerated. Working full time, we had the opportunity to pursue our private practices in the evening. Training and

therapy was possible within the framework of such private medical practises. Psychoanalysis had a long-standing tradition in Hungary. The analytical situation had a very private nature. It was possible to establish the required trust as a result of defencelessness against the political system. The positive feeling of belonging somewhere and being protected had the opportunity to evolve. Participation in therapy also made it possible for individuals to be 'different'. This was highly valued in a situation that offered few alternatives.

The threatening, paranoid, politically saturated outside world served as a cloak that enveloped the psychoanalytical work performed within. An environment such as this offered a truly good opportunity to work with the internal world of the psyche. Training programs were conducted, and we were proud of the professional atmosphere within these frameworks. The politically saturated outside world created ethical attitudes which consisted of not participating in politics, not becoming 'collaborators'. A career choice could turn into opposing the powers that be, an opposition full of compromises. Our patients were exposed to this feeling of ethical superiority, and the resulting narcissistic attitude. They participated in therapy as in something quite special. This also fed their narcissism. At the same time, the professional relationship between the analyst and the patient was also a kind of alliance against the outside world. In a society where ideology and politics kept trying to penetrate the privacy of people, patients of various backgrounds attended therapy in part with the frequently unconscious intent of extending their privacy to a certain extent. Therapy was a place where people could withdraw from social control. There were topics that were treated as taboo: their scope extended from current affairs to political issues. We had to be very careful when speaking of taboos. The borderlines were undefined, but we instinctively knew where they lay. Issues such as ideology, religion, and even Leftish political positions remained more hidden than 'intimate' areas such as sexuality or even perversions. These topics were completely separated for many patients, while at the same time they frequently held opposing opinions. In this sense, we can certainly speak of people with multiple identities.

The therapeutic relationship had a protective role which both sides strove to nurture. As an example, I will recite the case of a borderline syndrome patient who had difficulties with separation. Initially, he had difficulties leaving the therapy session. He needed a quarter of an hour to do so, and in the meantime returned to the office in a manner much resembling Detective Columbo. During the therapy, he established a purpose in life: he wanted to emigrate to Israel. In those times, however, this was an unlawful act. If this happened, it was unavoidably followed by a police investigation. Completely regardless of how much this was an actual projection, he had to assume that I, as his therapist, may be held responsible. In order to avoid this situation, he came up with the following plan: he decided to conclude my therapy two months prior to embarking on the voyage. However, as he could not be without therapy during this time, he prepared to transfer to an older, retired therapist.

The situation of the 'soft dictatorship' was mostly characterised by everything always having two sides. The whip was always ready, the threat was always tangible. When Hidas and colleagues started organising a weekend psychotherapy workshop in

Hungary with a psychoanalytical purpose in 1974, psychotherapy gained national publicity. These meetings were conducted in psychotherapeutic groups; meetings were held in alternating large and small groups. In addition to professional psychotherapists, many intellectuals also had the opportunity to participate. Many others were happy to join besides professionals in the narrow sense (judges, teachers, actors, etc.). Everything mental quickly became an important issue. As a result of all of this, various authorities immediately started investigating the meetings: the Ministry of Interior, followed by the competent committee of the Hungarian Academy of Sciences, recommended an investigation of political implications. Although the investigating professors were invited to the meetings, neither of them participated at any. They reached the conclusion that psychotherapeutic weekends are of a psychoanalytical nature, but were allowed to continue despite of this.

During a period of ten years, twenty-five psychotherapeutic meetings were held in Hungary – always outside of Budapest, never within. I, as a close colleague belonging to the inner circle of Dr. Hidas, have lived through and experienced many fears, excitements, and risks surrounding these events. During the 1970s, the Psychological Committee of the Hungarian Academy of Sciences created two reports with serious background argumentation against psychoanalysis, which contained that its doctrines are harmful to university students studying psychology. Other than that, they avoided official contact with the issue of psychoanalysis.

The superior of Hidas exploited this political situation, when he did not want Hidas to be appointed as his successor for political reasons; at the same time, he wanted to dismiss his colleagues. A new leader was appointed from the outside, who received the task of cleansing this ‘psychoanalytical nest’. Hidas was attacked aggressively, his colleagues were removed. We were temporarily reassigned. Following this, after many had given up all hope for us for good abroad and at home, we managed to establish a new clinic.

However, regarding professional policy, most Hungarian psychoanalysts remained passive. These colleagues were only interested in the dyadic analytic relationship, and were mainly preoccupied with their activities performed in their private practice.

It is interesting that due to regression and transference, relatively few issues related to the outside world (such as the political situation) surfaced during psychoanalytical therapy. However, analysis frequently indicated that social institutions have become the subject of projection and aggression transference. These are probably much more difficult to notice in a social situation free of tensions. They only appear in special situations. I had a patient of approximately fifty years of age who attended therapy as a result of a crisis which had occurred in her life. This was about divorce, which she did not want, but her husband did. Both were high ranking staff members of the Ministry of Interior. The patient was showing signs of depression. She was angry at her husband who had a relationship with a younger woman, and was trying to get their superiors to demote him or even remove him from his position due to adultery. During the analysis, it gradually became clear that she was projecting the image of the omnipotent, punishing father to the Ministry of Interior or the ‘organisation’ as it was called then, which, as the ‘authority’, would make the woman’s narcissistic fantasies

of revenge come true. When I uncovered this interpretation to her, a quick change occurred within a few sessions. She felt more confident and less depressed, left her job in the institute which she idealised (no mean feat in those times), and divorced her husband. A few months later she met a younger man whom she married. I remember hesitating for a long time before telling her my interpretation – or rather how to put it into words. I was afraid that the patient would interpret it as the criticism of the much feared institution, and possibly reject it. Interpretation may also have an effect on a taboo within. As it later turned out, my considerations were also influenced by my own projections.

Due to a dyadic relationship separated from the outside world, psychoanalytic therapies frequently took quite a long time. It is frequently quite hard to conclude therapy. Compared to the outside world, which offered no outlook, the internal world of fantasy frequently seemed to offer more satisfaction. As a result, it became the joint ambition of analyst and patient alike to spend time there and take action afterwards. Since work performed with the unconscious went relatively well in these cases, but barely had any boundaries, it was not always easy to specify the therapeutic objective.

The social situation established by the ‘soft dictatorship’ also gave rise to common interests between experts; colleagues depended on each other. Training courses and seminars were conducted in private apartments. A professional community evolved which resembled a large family. This community made it possible to identify with the profession, and also provided narcissistic support which is necessary in conditions such as this. This, however, made it difficult to discuss each other’s work with a critical approach, and dealing with differences of opinion between colleagues. Relationships with foreign colleagues played a significant retaining role within this professional community. They provided an outlook, making it possible for us to have the feeling that we also belong to the international professional community. Since both travel and the financial situation were quite complicated, we strongly idealised these relationships. The tradition was also idealised: the connection with old, established things gives a feeling of competence and security. Theoretical work had to be continued from where it was left off in the 1940s. The gap started to close. The internal structure seemed more important than spreading outwards. This close community made it difficult to react to important changes occurring in the outside world, or to have more in-depth knowledge of these. The persistent threat made it impossible to put forth any social criticism. This circle was instead characterised by a certain degree of detachment from society and insistence on psychological freedom.

Most patients came from an intellectual background. Many of them (or members of their family) went through traumatic experiences: they bore the signs of concentration camps, exile, scattered families, political trials and sentences. In many cases, their psychological conflicts were caused by a broken professional career, exile, or suicide.

Did Hungarian psychoanalysis adapt to the system during forty years of Communist rule? In a certain sense yes, as it adapted to the prevailing circumstances. It existed in a semi-legal state. However, we can never speak of complete adaptation in the essential sense, as it never identified itself with the system. It retreated to the therapeutic area for a while, and set up for survival. It maintained the values and

traditions of the Hungarian school of psychoanalysis, while making an effort to rejoin the international trends of the movement. Starting with the 1970s, a part of psychoanalysts also assumed the role of a sort of social alternative via this movement. When the social framework once again consolidated after the transition period, it quickly became clear that psychoanalysis could not significantly expect special treatment. It was now free to exist, but would be exposed to attacks from time to time – this time from the religious side.

I spoke of Hungarian psychoanalysis on purpose, as Hungary was the only place in Central and Eastern Europe where psychoanalysis was preserved, although it was pushed into the private sphere by the Communist system in the Fifties. The second period was the Sixties, Seventies, and beginning of the Eighties, which I attempted to describe above. This was the age of re-joining international circulation, when social issues also arose in a cautious form. The Hungarian Psychoanalytical Society worked on re-joining, while the Sándor Ferenczi Society targeted social issues. The latter organised the symposiums *Psychoanalysis and Society* in 1989, *Psychoanalysis and Hermeneutics* in 1990, and the international conference *Toward the End of Millenary: Political Changes and Psychoanalysis* in 1991.

The knowledge required by a psychotherapist in this environment can be illustrated by a quote from an article by BECKER and BECKER:

If the analyst is not aware of the power structures etc. existing in society, if it consciously neglects and individualises these, or if it only takes these into account in relationship with the transference appearing in the therapeutic process, the result will be denial, projection, and conformism. If, however, it integrates these into itself (which does not necessarily also represent the verbalisation of these), it will (willingly or unwillingly) become a promoter of promoters for enlightenment, frequently arriving to conflict with official authority. If we take the psychoanalytic theory seriously, we will be drawn into this conflict.

(1987, 289)

2.8. Characteristic processes of the last decade of the dictatorship (1980–1989)

It became possible to launch surveys aimed at uncovering the problems arising in society during the 1980s. The most significant initiative was the mid-term inter-ministerial investigation launched in 1981, called ‘deviance study’ or *Social Integration Problems* as self-justification of the system. The closing document of the research represented significant progress in the field of fighting against problems and implementing a system level social approach (*A társadalmi beilleszkedési zavarok* 1984). Within this, social changes as stressors and the faulty stress processing mechanisms of humans were featured together with the lack of social systems of support and the need for providing psychological aid. In light of this, psychotherapy only gained focus due to its role in society, from its basic forms (such as anonymous telephone counsel, family care, etc.) to specific professional methods.

As opposed to the poverty studies performed at the end of the 1960s, the result of which could not be published at the time, the conclusion reached regarding the Social

Integration Problems study was that it could not be remedied without experts of appropriate training.

Following the results of the study, it became evident that mental hygiene needed to be improved. Analyses and briefings were created regarding the mental hygiene activities of various workshops, such as churches (TOMCSÁNYI et al. 1990).

It was first possible during the second half of the 1980s to give voice to the opinion that in addition to the representatives of official social policy, all competent parts of society may play a role in searching for a way out, including churches, non-governmental and non-profit organisations (CSÁKY-PALLAVICINI 2000b, 60). Members of the reform Communist government especially open to cooperation: Minister Judit Csehák and State Secretary István Bánfalvi, involved churches in the work. The cooperation of churches was supported even in the fields most protected ideologically (family therapy, family support, mental hygiene oriented adult training), which were formerly untouchable, or did not even exist (CSÁKY-PALLAVICINI 2000a, 287).

During the time directly preceding and following the fall of Communism, the number of organisations and foundations providing social representation increased (LÉVAI & SZÉMAN 1993, 22). This was in high demand, as the formerly low number of organisations was not at all prepared for such work, as they had neither the tools nor sufficient expertise. All of them went through a long period of persecution and bans, their members were frequently damaged in their personality, and proved to be unsuitable for performing serious and professional work at the start. This was the background of establishing new institutions prior to the fall of Communism.

At the start of the last decade of the dictatorship, in 1980, psychiatry finally managed to become independent. This was when the Hungarian Psychiatric Association was established after many difficulties (HÁRDI 1990). The profession broke free of neurology, as formerly the two professions operated within a single organisational framework under the label 'neural-mental'. Even the separation was attacked by its opponents from an ideological position, again citing the evils of dualism, and based on a materialistic approach, neurology remained the true science. However, many veteran and prominent members of the party stood up for the independence of psychiatry. One author of this paper, Béla Buda, became the vice president of the new association. The Hungarian association joined the World Psychiatric Association (WPA). In 1983, the World Association held its congress in Vienna, the agenda of which featured the expulsion of the Soviet Psychiatric Association for qualifying alternative thinkers as psychiatric patients and committing them to locked psychiatric departments (HARMAT 1990, 74).

Béla Buda, as the vice president of the Association, did not wish to participate at the congress. In retrospect, he viewed his choice as a wise decision, as he was called into the director's office at his place of work prior to the event, where he was awaited by the institutional liaison of internal affairs together with a comrade introducing himself as a lieutenant colonel. The director, wringing his hands, was also present. They were serious about the world congress and the 'machinations' of the Americans. They assumed that he would also be present in Vienna as the vice president of the society. After he let them know of his intention of not to travel, they offered that he

could attend as an official delegate. Béla Buda did not accept this, recommending that colleagues who had also been favoured in the past be delegated instead of him. (Note that from the end of the 1960s, it was possible to receive a permit to travel, however difficult, if invited by an international organisation that paid for everything, but only using a so-called passport of invitation. That is, the tourist passport, the famous 'seventy dollar trip', could not be used for this purpose. The name indicates the amount of currency that a person travelling abroad was allowed to exchange every three years.) By this time, everyone was naturally aware of the facts of informant recruitment and its usual circumstances. As expected, political scandal broke out at the congress. The Soviet society was expelled from the World Association, and the socialist members, with the exception of Hungary, resigned. One of the authors of this article, Teodóra Tomcsányi, was also present at the executive meeting of the Hungarian Psychiatric Association, where they reported on the intent to expel the Soviet Psychiatric Association. The announcement was followed by silence all around, which was broken by a chief physician with Russian origins: 'We have no choice; the Hungarian Psychiatric Association must show solidarity with our Soviet colleagues.' After another round of silence, someone else spoke up: 'The right way to best help our Soviet colleagues is to remain members and represent the truth within.' This view had been supported by many, and the Association decided to remain a member. The Hungarian president, Pál Juhász – belonging to the cadre of veteran party members – even assumed the position of vice chairman within WPA.

This led to a scandal at home. The president of the Hungarian Psychiatric Association had to listen to the thunderous outrage of the minister and its state secretary while standing, and members of the presidential 'cadre' could not apologise enough. The president of the Association – the new WPA vice president – was taken seriously ill shortly afterwards and died. (Those with a psychosomatic approach can even believe this to be a consequence of harassment.) However, the Psychiatric Association still remained a black sheep. For example, it tried to establish its own publication in 1985, but the permit was delayed, and the ministry did not want to ever hear of Béla Buda becoming the editor of the new journal. It received the permit by the end of 1986, well into the Gorbachev era, but the ministry appointed sixteen conservative colleagues who were loyal to the system as the editorial board. Following the first editorial meeting, two prominent leading colleagues drew the editor aside and explained that they have to know everything regarding the journal, since one of them is reporting to central party administration, while the other to internal affairs.

This was a scientific journal, its publication was focused on scientific values, and all articles were published after several rounds of editing. The only dispute arose in 1988. A few young colleagues also of international scientific attention wrote an article about why renowned leaders of the profession are not in management roles. The majority of the editorial board rightfully took this upon itself. Emotions flared up, and the committee first decided on rejection. However, this was the time of the Gorbachev measures in the outside world, followed by the party congress where Kádár gave a speech explaining the execution of Imre Nagy, in a state of deteriorated mental capacity, but full of guilt. The president of the editorial board, the main party cadre of the

profession, now recommended publication, stating that 'this hot topic has become completely cold in the meantime'. The writing was finally published, but no longer received significant attention during the fall of Communism. There are still many former party cadres active in the profession.

One significant move forward was the gradual emergence of dynamic trends from the underground during the last stage of socialism. The Hungarian Psychiatric Association (HÁRDI 1990) was founded in 1980, including a Psychotherapeutic Section led by Gábor Paneth, which unified ten types of working groups with a psychotherapeutic focus. This provided official representation for psychoanalysis, formerly considered a dangerous enemy. As part of the Hungarian Psychiatric Association, the working group providing for the integration of therapeutic communities started its operation led by János Harmatta, later to be reformed into the Psycho-Hygienic Working Group. Starting with 1982, this launched mental hygienic awareness forming programs under the title *Mental Phenomena and Disturbances* for mixed groups of helping professionals with university degrees, where representatives of 'ideologically hazardous professions' had the opportunity to train together (PANETH & TOMCSÁNYI 1985).

From 1985, the Mental Hygiene Working Group operated within another section of the Hungarian Psychiatric Association, the Social Psychiatric Section. The Mental Hygiene Working Group promoted the founding of institutes of mental hygiene together with experts of popular education and pedagogues.

The first psychotherapeutic training held by Western experts, the psychodrama training of the Moreno Institute of Überlingen, officially started within the framework of the Psychotherapeutic Section of the Hungarian Psychiatric Association in 1981. In addition to the permit of the top management of the Association, the launching of this group of 15 also required the approval of MOTESZ (Association of Hungarian Medical Society) as well as the Ministry of Health. The permit was signed by none other than Minister Emil Sultheisz (TOMCSÁNYI 1999, 11).

The strengthening of non-governmental organisations signalled social activity and various movements gaining ground. László Tringer supported the involvement of laypersons as supporters within the framework of the Hungarian Psychiatric Association, who would later become the builders of the mental hygienic movement (TRINGER 1984, 162).

The concept of the first school-type training that was mental hygienic not only in its name was born in 1986. It followed on the request of the Ministry of Social Affairs and Health for non-governmental organisations and churches to participate in solving social problems. However, few experts were ready for this at the time. The activities of the Psycho-hygienic Working Group of the Hungarian Psychiatric Association and the frameworks of the Management Training Institute of the Ministry of Culture, as well as the psychotherapeutic program of the University of Further Medical Education made it possible to launch the first training cycle in 1987. This work was continued by the National Institute of Health headed by medical professor Róbert Frenkl, also active in the life of the Evangelical-Lutheran Church, as well as Hungarian Caritas. The certificate was issued by the Hungarian University of Physical Education from

the start – starting with 1990 – based on the permit of the National Vocational Training Board, the official accreditation body at that time. Training boomed by the 1980s, and also received an appropriate place in the public system of training and further training. During the second half of the decade, other processes also accelerated, and for example, the title of psychotherapeutic physician and professional psychologist could be also attained.

All this shows that with a background of paranoid, but weak regulation, the arguments surrounding psychotherapy no longer had key significance. Ideological control was present, reports were submitted – maybe without being asked, only as a tool of fetishizing themselves – but it was no longer advisable to ‘stir up trouble’, competent organisations no longer wanted to make ‘an issue out of things’. György Aczél – party functionary and minister of the socialist regime in the 1960s and 1970s with high powers – had lost his power long since at the time. The last big ‘issue’, the expulsion of four reformers from the party, backfired, and the expelled became something like national celebrities.

2.9. The fall of the dictatorship and its direct impact: from 1989 to the years following the fall of Communism

There was high demand for social change and for correcting problems in society, but it only became gradually clear what a generation which grew up on the ideology of a dictatorship could realise from all this. Masses acknowledged or resigned themselves to the idea that it was by no means simple to make use of the new opportunities. It is especially difficult to treat the wounds caused by history on the level of individuals, between the frameworks of society and churches. This is because the debilitating impact of dictatorship and its methods, in addition to being harmful to mental health, also deprived people of the tools facilitating healing. Obedience without thinking, as well as the overall lack of the free exchange of ideas, expression of opinions, and subsidiarity, the denial of the existence of differences and different thinking, had a destructive impact. This society was ‘flooded’ by liberty virtually from one day to the next without growing up, becoming accustomed to living with it. Systems of comparison, value preferences, and models were lacking in many areas of life and in a variety of ideologies. Former unity, which did offer some consolation after all, was replaced by seemingly dangerous decomposition or defragmentation, increasing the sense of uncertainty or threat. People were unable to find their way in the new world, which triggered disorientation problems in individuals and society alike.

According to Elemér Hankiss, systems of values that would serve as a compass to people did not mature or evolve during the past system, only components of certain systems of values were present in society. Due to official politics, people became prisoners of short term material interests and their material background due to the uncertainty of values. In this sense, no new communities replaced traditional and disintegrated communities (HANKISS 1983).

Research conducted following the fall of Communism did not report any significant changes in this area, either (UTASI 1984). The 1990s saw a drop in living standards, accelerated inflation, deteriorating public safety, and a general sense of insecurity, which acted as a barrier to favourable changes (ANDORKA 1997).

Approximately one decade after the fall of Communism, Füstös and Szakolczai saw that the above-mentioned processes were continuing with respect to values. Compared to the surveys performed before the fall of Communism, the individualised and intellectualised nature of the system of values strengthened, the significance of sociability and community values, not held in high esteem even before, decreased; sensibility gained even more dominance, surpassing moral values, and the importance of efficient work dropped further, while that of material well-being strengthened (FÜSTÖS & SZAKOLCZAI 1994, 57).

According to a survey performed by the Hungarian Household Panel, which also featured the four itemised questions by Inglehart, 58% of those questioned had a materialistic, 3% a post-materialistic, and 39% a mixed system of values (ANDORKA 1997). According to Rudolf Andorka, the data available does not provide sufficient basis on which to decide whether these values have been characteristic of the Hungarian society since long, that is whether it was stagnation during the 1980s and the above mentioned processes of the 1990s which caused such dominance of materialistic values. However, the end of the 1990s saw changes in some of the processes. The significance of material well-being increased until up to 1996, then started to decrease, while at the same time independence and social esteem gained ground.

Following the fall of Communism, undergraduate psychologist training was launched at several church universities, aiming to supplement or make up for the lack of knowledge caused by the book ban which was in effect right up to the end of the 1980s. (This is because publishing activities pertaining to certain fields were kept to a minimum, and administrative measures were implemented to limit the importing of books published in the 'West'.)

Psychotherapeutic working groups of the Hungarian Psychiatric Association and sections performed their activities aimed at providing for the ill, the training of experts, and scientific work within the framework of independent associations. However, providing psychotherapeutic care for the mentally ill can only be performed today as part of the public healthcare system in rare cases. In the majority of cases, citizens must seek private care, the costs of which are not covered by the insurance system to any extent.

It is apparent up to current times that psychotherapy remained underdeveloped and unbalanced in socialist countries. During the modernisation period following World War II, psychotherapeutic practice did not become an integral part of the culture and public awareness of these countries for several reasons. Even today, psychotherapeutic socialisation has not been completed satisfactorily. For example, by the time the domestic system of psychotherapeutic training matured, the age of psychopharmacology and biological psychiatry dawned upon us, which represents significant rivalry for psychotherapy, as it offers simple symptomatic solutions to human problems. Although the number of healthcare centres increased, this has yet to reach the required

extent. At the same time, insurance schemes for private practices have been lagging behind, and since the majority of citizens are poor, there has been little solvent demand.

As a result, training is up to date mostly idle, and there is little room for the application of the skills acquired. This is also evident in Western countries, but there it is mostly the consequence of the loss of demand (also due to biological psychiatry, the 'Prozac-era') following the 'psycho boom' of the 1970s when demand surged. A relative lack of demand in Hungary is also related to a lack of individualisation and its retardation. Consumer mentality has only recently truly evolved, and behavioural norms that are focused on self-reflexion and self-presentation, and within the framework of which the motivation to change may evolve prior to the arising of serious symptoms, destructive crises, or chronic substance abuse are currently maturing. Psychotherapy actually reflects the needs of autonomous people, and may provide help in exactly achieving, retaining or developing this autonomy.

The great socialist experiment, the evolution of 'socialist man' was therefore a failure. Psychotherapy is tossed about aimlessly on the waves of cultural trends and market conditions. As socialism disappeared, so may psychotherapy, as its trends and methods are undergoing a great deal of differentiation and diversification. Some of its schools, especially psychoanalysis, are also practising their impact by indoctrination and ideological intermediation, although not strictly controlled by official dogma and power. Particular theories are too dominant in trends, while the progress of theoretical and methodological integration is too slow. The impact factor craze continues in institutes of higher education, which once again helps experts of natural sciences and those who managed to travel abroad in the 1970s and 1980s and have 'good old connections'.

The time of change has come, but neither its opponents nor supporters had the opportunity to realistically and specifically consider how changes will occur. It came unexpectedly for all, and caused further surprises with its slowness, as well as the amount of new problems and tasks that it has brought. In this new situation, the task is not to separate theoretical knowledge, moral belief and faith, social and political workings, and mental health into separate compartments in peoples' heads.

Facing our own past and the history of our family has an impact on both psychotherapy and self-awareness. Learning of reality while facing facts, weaknesses, wrong choices or decisions down the road without sliding into the role of infallible judge later on or releasing ourselves and our environment from responsibility may play a role in establishing a healthy behaviour for ourselves at this time. The history of human predicament in dictatorships represents a wide spectrum of behaviour against values. Some are respected as heroes, while in the case of others the factors that led to their failure may serve as lessons to us. However, even those that became easy prey for the dictatorship often did something for others, excusing or explaining their action, also using their beneficial situation for good. Now that such threats are no more, and gaining an advantage offers no enticement, everyone must realistically re-evaluate the true, internal motives behind their actions, so that the evaluation of their lifetime may be reassuring on the level of thought and emotions.

Mental health is improved if this internal reckoning is performed as soon as possible on the level of both the individual and society. Wounds inflicted by past decades prevent this process, and were not raised to see that we will also be better off if we do not do this to the disadvantage of others. We must learn to overcome our partial interests, and create respect between people of various views. The progressive organisations of the profession represented a certain sort of value and provided a certain amount of defence in a dictatorship guided by ideologies. As this disintegrated and consumer interests gained ground, these professional values have also changed and their cohesive power lessened. Reviewing professional history helps in dealing with this and moving on, in creating value for the present and future of our profession. Our paper contributes to this effort.

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