

Judgement of God, Inadequate Adaptation, or Simply Menopause?

Collectivization Traumas behind Psychiatric Diagnoses in Hungary (1959–1961)¹

Gábor Csikós

1. Research question and sources

People are not consistently rational, but they frequently resort to rationalization – attempting to make sense of their own and others' life events by constructing coherent narratives. The Soviet-style collectivization of agriculture in Eastern Europe challenged the creation of such coherence. With the elimination of smallholding agriculture and the shift to large-scale farming, it fundamentally altered the social fabric of rural communities. This transformation led to the deprivation of many peasants, who were either stripped of their land and became employees of cooperatives or abandoned agriculture altogether, ultimately dismantling traditional rural life.² The often violent methods employed during the collectivization induced trauma, which, in turn, triggered a crisis of meaning. (Kaminer/Eagle, 2010, 60–79) How could peasants disclose their experiences during collectivization when propaganda propagated the narrative of successful agricultural modernization?

1 The research was supported by the MTA BTK Lendület Ten Generations Research Group.

2 For a comprehensive understanding of collectivization, please refer to: Bauerkämper/Iordachi 2014; Radu/Budeancă 2016.

The remarkable speed of de-peasantization became a subject of contemporary sociological literature as well. In both Hungary and Romania, even medical research has examined the psychological aftermath of this radical social transformation (Juhász 1973, Spielman 1984, 150–151). However, despite these efforts, the individual-level impact still represents relatively uncharted territory, necessitating further exploration. In my study, I intend to investigate the psychological impact of the final phase of collectivization (1959–1961) in Hungary by analyzing patient records from Lipótmező. Lipótmező holds a unique position as Hungary’s oldest and largest psychiatric institute (Kovai 2015), and its patient records often provide verbatim accounts of patients’ experiences, along with narratives from family members and interpretive insights from medical professionals. These texts enable the identification of recurring themes in the narratives of patients belonging to the same disease group. The primary focus is on examining how each narrative addresses the traumas experienced during the Hungarian collectivization period in the early 1960s.

It is crucial for trauma survivors to express their experiences, and it is equally important for healthcare professionals to comprehend their stories. Rather than merely containing knowledge, the patients’ narratives themselves are a source of knowledge. However, both the formulation of their messages and doctors’ perceptions are influenced by social conditions. As a result, each life story reveals an interplay between narratives and psychiatry, highlighting the significant role of the social context. The former dimension assumes particular significance due to the fact that the information available to medical practitioners for formulating psychiatric diagnoses predominantly relies on linguistic cues. Simultaneously, the latter aspect holds weight as psychiatric illnesses are among the most socially shaped conditions, and there is consensus that mental illness requires contextualization within the social environment.³ I begin by introducing the theory and propaganda underpinning

3 This perspective was articulated by contemporary psychiatrists as well, such as István Benedek in his 1956 paper: “what makes the schizophrenic mentally ill can only be evaluated in its social relation.” p. 171.

collectivization as the prevailing layer of social reality. Subsequently, I will delve into the tangible social manifestations of collectivization, intricately tied to the firsthand experiences of the individuals involved.

2. Theory and (social) practice of collectivization

In Hungary, after 1948, the communist modernization agenda promoted strategies of industrialization and urbanization, with the *kolkhoz*, or collective farm, playing a pivotal role in both processes. The primary goal of collectivization was to enhance large-scale agriculture for a more efficient food supply, thereby reducing the need for labor. This freed up a substantial workforce, approximately a quarter of a million Hungarians, to support factory production in preparation for a potential Third World War. Furthermore, modernization aimed to bridge the urban-rural divide, encompassing technical advancements and cultural elements such as radio, cinema, books, and newspapers. This cultural effort also contributed to achieving the communist utopia, involving the elimination of private ownership and human exploitation. The Soviet-style modernization initiative primarily impacted rural life, embodying this vision. (Petrescu 2016)

The 1956 revolution briefly halted collectivization, but János Kádár's government, despite its promises, resumed collectivization campaigns in December 1958, coercing traditional farmers into producer cooperatives in less than three years. The rapid pace of this process astounded contemporaries. On the surface, the official policy of collectivization remained continuous with the pre-1956 period, as both promoted Leninist principles of voluntarism and gradualism. These principles emphasized the belief that peasants should willingly engage with cooperatives, avoiding any form of coercion, and that the progression towards socialist development must adhere to specific socio-developmental stages. The party-state, holding a monopoly of authority, adeptly projected the observance of Leninist principles, occasionally acknowledging individual instances of excess. The awareness that the doctrine of voluntarism didn't always translate into practice was well understood by prominent

statesmen too, but it was never communicated in public. As a result of the influence of taboo mechanisms, Hungarian historiography has conventionally focused on contextualizing physical violence primarily as a coercive tool in the pre-1956 period. (Ö. Kovács 2012, 57–59)

The peasantry's experiences were often documented by external observers, primarily journalists from democratic countries. They followed three distinct approaches: firstly, by disseminating the personal narratives of the affected victims (a particularly prevalent phenomenon among the citizens of the GDR, not only among Hungarians⁴); secondly, by encapsulating the experiences of foreign observers within the socialist state (Somogyvári, 2023); and thirdly, by critically analyzing and dissecting content from the party-state press or other relevant literary sources.

The latter is illustrated through an account penned by Erzsébet Galgóczi (1930–1989), which was published in the official literary journal *Élet és Irodalom* (Life and Literature). Galgóczi (1959) vividly described coercive episodes during the ongoing collectivization of her homeland. She recounted how certain farmers were ushered to the Red Star Hotel in Győr, where they were confined until they acquiesced to join the cooperative. This drastic measure left the villagers with the impression that these influential farmers had been detained against their will, prompting others to join the cooperative in solidarity. Additional pressure tactics included unpaid leave for factory workers to influence their parents to join the cooperative. Local leaders also lobbied Budapest universities to withhold a degree from a young man whose father resisted joining. (Galgóczi considered this article so significant that it served as the pri-

4 The Compulsory Collectivization of Independent Farms in the Soviet Zone of Occupation in Germany. Federal Ministry for All-German Affairs, Germany (West), 1960. For example: „The agitators came day by day worked on us for hours, until we were tired out and worn-down and finally signed the application. Wives cried and begged their husbands and said: do sign now, we want to have peace again. They had threatened the farmers that they would double the number of agitators, drive loudspeaker trucks right in front of the farmhouses, cut off the electricity and brick up the chimneys.” Doc. No. 24.

mary inspiration for her 1980 novel, “Another Love,” seamlessly intertwining elements of fiction with her autobiography.)

However, it’s essential to note that all these events were framed within the context of rumors. Thus, they were not narratives about the events themselves but rather reflections of the fears haunting the local peasantry, stemming from the practices of the early fifties. This narrative technique was employed to align with the expectations of the censorship and to convey the perceived atrocities. In the realm of Hungarian criticism, Galgóczi’s work has been regarded as an exemplar of “cool objectivity” and “resolute optimism”. (Lázár 1966) The presentation of rumors, in this context, served as a tribute to Leninist voluntarism. (Bognár 1974)

Nevertheless, the foreign press has taken a more critical stance, deconstructing these writings. Internationally, public opinion often viewed the rumor framework as a “red tail” to appease censorship, a perspective shared by the anonymous author of the *Catholic Review*⁵ in Rome and the editors of Radio Free Europe, who even went on to publish a partial translation of Galgóczi’s article.⁶ The Swedish journal, *Söderhamns Tidning*, interpreted Galgóczi’s sociography as compelling evidence of a “brutal campaign” intrinsically rooted in the ideology of the regime, highlighting the longstanding perception that communists consistently regarded the peasantry as potential enemies.⁷

The use of the rumor framework became a valuable strategy in later publications. Nearly two decades after Galgóczi’s sociography, Simon Serfőző skillfully portrayed prevailing fears as baseless rumors during

5 Dr. D. R (1959): Kommunista roham a magyar parasztság ellen [Communist assault against the Hungarian peasantry], *Katolikus Szemle*. 11:2 138–141.

6 “New Tactics in Latest Hungarian Collectivization Drive a Review of Hungarian Collectivization”, 27 May 1959. HU OSA 300-8-3-3328; Records of Radio Free Europe/Radio Liberty Research Institute: Publications Department: Background Reports; Open Society Archives at Central European University, Budapest. pp. 13–16.

7 *Söderhamns Tidning* 1960–04-25: Kollektivisering till varje pris mottot för röd jordbrukspolitik. [Collectivization at any cost is the motto for red agricultural policy]. p. 4.

the 1959 collectivization in his hometown. (Serfőző 1978) Writers who did not conform to these censorship expectations, as illustrated by György Konrád's case, had their work barred from publication. In his novel, 'The Loser,' he offered an unusually candid examination of the violence inherent in the 1959 collectivization.

In 1959 a truck drove into my yard, and the people on it were all professors. I put my hands behind my back, to make sure there wouldn't be any trouble. They stuck a red pencil up my nose and made me sign the application for membership. Those professors were sure sold on the cooperative. (Konrád 1982, 26)

Such a portrayal of violence did not necessarily persist in subsequent memoirs of former farmers. Even in the years preceding the regime change in 1989—more than three decades after the events—there remained a lingering sorrow over the loss of family estates and livestock in these memoirs. However, the accounts were notably laconic and reserved. (Bíró/Für 2013)

The level of openness akin to Konrád's novel was primarily evident in the anonymous complaint letters of the era. In February 1960, approximately one-fifth of the letters received by the official daily newspaper, *Népszabadság*—amounting to around 600 letters—addressed the injustices endured during the collectivization. (Kovács 2016) One elderly individual listed the methods of collectivization as follows: tax assessments, contemptuous spitting directed at the elder members who were physically strained by labor. Those who remained unconvinced by these means were summoned to the town council, where they were coerced into signing through a combination of insults, physical intimidation, and the menacing display of firearms. (Csikós et al 2023, 99–103)

In Konrád's novel, the character Sam's ability to recount his experiences stems from his marginalized status within society. With nothing left to lose, his land seized, and his residence confined to a mental institution, he finds the liberty to speak his truth. Despite attempts by psychologists to stifle his voice, he persists in sharing his anguish during every group therapy session. As Konrád concludes: "*the discussions usually*

begin with the pros and cons of small homesteads and end with a trip to the treatment room." (Konrád 1982, 26) Consequently, his complaints were pathologized and addressed using psychiatric methods.

3. Narrativity and psychiatric diagnosis

The main distinction between Western and Pavlovian-inspired Soviet psychiatry lies in the latter's greater emphasis on studying environmental factors, particularly in the context of language. (Leuenerberger 2007; Marks/Savelli 2015) In the long 1950s, Hungarian psychiatry, influenced by both Pavlovian and biomedical approaches, categorized illnesses based on their origins, creating a distinction between endogenous pathologies (depression, schizophrenia, or psychosis) rooted in internal biology and exogenous disorders (chronic alcoholism) influenced by external factors but grounded in internal disposition. Despite the focus on biological mechanisms, the diagnostic process heavily relied on linguistic formulation. Pavlov believed that words could have as much impact on the brain as external physical stimuli (Hárdi 1958). The influence of words manifests in a dual nature: on one hand, they create a certain distance from reality, while on the other, "it is words that have made us human." (Went 1956, 17)

In the first Hungarian post-1945 psychiatric textbook, Gyula Nyíró outlined three sources for gathering information about a patient's mental state (physical examination, standardized tests, and interviews), and advocated for the inclusion of other forms of documentation, including photographs of family members. Among these methods, Nyíró firmly believed that the patient's history played the most critical role in the diagnostic process. In his own words, "*a well-documented anamnesis often forms the cornerstone of a diagnosis.*" (Nyíró 1962, 261) To establish an accurate diagnosis, the doctor must build trust with the patient, as addressed in contemporary psychiatry literature. The examinations were recommended to be planned meticulously yet conducted in a friendly manner, with detailed shorthand recording, except in cases where patients were inherently distrustful. The patient's narrative,

while valuable, was advised to be approached cautiously. (Nyírő 1962, 261–300) Discussions ideally covered a wide range of topics, including social and financial circumstances, familial and friendship dynamics, and romantic relationships. Patient interaction was characterized by the paramount importance of “openness and honesty”. Crucially, the narrative itself, its presentation (Tokay 1956, 165, 167), and the identity of the speaker were integral components shaping the diagnostic process.⁸

However, it is worth noting that language played a significant role in both propaganda and psychiatric diagnosis, as it served as a means to convey an individual’s relationship to social reality. For instance, the concept of collectivization was presented as a manifestation of Leninist ideals. Speech, in this context, served as tangible evidence of one’s commitment to communist ideology. An instructional publication from the early 1950s directed at propagandists underscored the importance of engaging their audience in detailed conversations to ensure their comprehension of the ideological content. (Garkusenko 1951, 48) However, the relationship between diagnosis and political factors does not automatically reduce the discourse to a simple dichotomy of resistance versus repression. Psychiatric care is not only a system of power dynamics but also a unique blend of discipline and assistance. (Rose 2019, 15) Case studies have sought to grapple with these complicated relationships in both Hungarian and East German contexts (Kovai 2014; Le Bonhomme 2021)

When patients begin to share their life stories, an uneven struggle for narrative control ensues between the patient and the doctor. Both parties seek to explain what has led the patient to their current situation. Patients aim to convey their truth, while the doctor’s role is to assess the individual’s health. Since medical personnel are responsible for creating documentation, their interpretation carries greater weight. (Antić 2017; Schöhl/Volker 2019)

8 This influence on diagnosis is also exemplified in the Yugoslavian context, where neurosis was largely associated with urban settings, consequently leading to a tendency to ascribe psychotic pathologies to individuals with rural backgrounds. (Karge, 2021, pp. 107–118).

And what if there were breakdowns in communication? The case of a forty-three-year-old daughter of a farmer who was under guardianship illustrates this. Her behavior was purportedly influenced by changes in the compulsory delivery system. Up until that point, she had been described as a “good-natured, helping with everything” person. However, when her mother took grain to the village hall, a shift occurred; she reportedly began to strike her mother, believing that everything taken there was being stolen, causing her to refrain from work. In December 1951, during her institutional stay, her initial diagnosis of “idiocy” was augmented by the presence of “delusions of theft.” Her investigation faced limitations due to her condition as it was “impossible to establish psychic contact with a deaf-mute patient who cannot read or write. When introduced into the examination room, she remained calm and serene in her chair, her expression blank and unresponsive, following gestures as indicated, and cooperating with the physical examination.” After a month, attempts were made to re-establish communication. However, the exploration of her ‘delusions of theft’ proved challenging due to her ‘idiocy’ and remaining non-verbal.⁹

In this extreme case, a question arises: who genuinely perceived the state policy as theft? As the hospital records do not reveal the patients’ word, we only know the relatives’ interpretations. It’s more plausible that, in the post-World War II era, the villages experienced heightened fear and insecurity due to the pressures of collectivization.¹⁰ In this context, the woman’s altered behavior could be logically attributed to these factors. Her relatives likely framed her ordeal within a narrative that was likely shared within the village community. However, various other factors could have contributed to the behavioral changes of the mentally handicapped relative.

9 OPNI/0161-006942 505. Institutional stay: 1951. 2nd December – 1952. 16th January.

10 Between 1948 and 1956, 400,000 Hungarian farmers were sentenced on charges of “endangering the public food supply,” See: Csikós/Horváth/Ö. Kovács 2023: 61–63.

In the forthcoming analysis, I will delve into the life narratives of individuals with peasant background. These individuals underwent traumatic experiences, including physical violence and land seizures, during the period of collectivization. These events ultimately took a toll on their psychological well-being, prompting either themselves or their relatives to seek treatment in a mental hospital. Within this exploration, I will categorize the patients into three illness groups, as outlined in contemporary literature. Rather than focusing on a singular life story, as I have previously done in another study (Csikós 2020), my aim here is to identify shared elements within these narratives and to identify different explanatory models.

4. Sample

The sample size for this study may seem modest, consisting of 13 individuals from the years 1957 to 1966, with two exceptions between 1959 and 1961. However, it's important to contextualize this seemingly limited sample. Despite its prominent status (it became the National Institute of Psychiatry and Neurology in the early 1950s), Lipótmező primarily admitted patients from the Budapest area, with only the most critical cases coming from more distant regions.

Sample Psychiatric Diagnoses in Hungary 1957 to 1966

case No	gender	age at admission	diagnosis	institutional stay and archival number	reflections on their speech
1	man	61	psychosis	24th Dec 1958–23rd Febr 1959 OPNI/0161-007286.1	speaking out loud, gesticulating

2	man	55	psy- chosis	29th Aug 1959–26th Nov 1959 OPNI/0161-007278	loquacious, excited
3	woman	45		30th Jan 1960–7th Febr 1960 OPNI/0161-007753	
4	woman	63	schizo- phrenia	25th Aug 1960–24th Oct 1960 OPNI/0161-007754	
5	man	48		11th Nov 1957–23rd Dec 1957 OPNI/0161-007278	slurred, dis- oriented, answers a question only after the third or fourth question
6	man	40		24th Mar 1959–8th Jun 1959 OPNI/0161- 007286/1	
7	woman	39		10 th Nov 1959–4 th Jan 1960	
			depres- sion	1st Mar 1961–14th Mar 1961 OPNI/0161-007752	
8	woman	28		12th Dec 1960–6th Jan 1961 OPNI/0161-007752	inhibited, anxious, barely audible
9	man	46		10th July 1966–10th Aug 1966 OPNI/0161-005400	

10	man	75	(chronic) alco- holism	30th March–13th Apr 1960 OPNI/0161-004350	Talks a lot, narrative is incomplete, does not distinguish between important and irrelevant parts
11	man	53		25 th December 1958–7 th January 1959 OPNI/ 0161–007286/1	Speaks con- fused
12	man	41		17th Nov 1961–1st Dec 1961 OPNI/0161 – 007737	
13	man	43		27th Nov 1961–7th Dec 1961 OPNI/0161–007737	

Reality plays an important role in psychiatric diagnosis for Nyíró categorized syndromes based on the patient's relationship with reality. He suggests that depression can be understood through an individual's attitudes toward reality, while schizophrenia and psychosis are characterized as disturbances in the comprehension of reality itself. In the cases of both depression and schizophrenia, he acknowledges the potential role of psychotrauma as a pathogenic factor. However, he argues that the development of these disorders depends on pre-existing biological predispositions. (Nyíró 1962, 593)

The discourse surrounding the third group of disorders discussed here, alcoholism in the 1950s, underwent a notable transformation. In cases related to party discipline, a shift is observable, where alcoholism, once treated as an individual disciplinary issue, began to be framed as a

health concern (Koltai 2018). However, remnants of moral judgment associated with education persisted within the psychiatric perspective of that era. Alcoholism remained one of the most heavily stigmatized illnesses, as highlighted in Nyírő's book, which documented neglect and rudeness as central behavioral symptoms linked to 'character degeneration' (Nyírő 1962, 431–434). In psychiatry, there was a choreography of intervention: the patient was expected to acknowledge the harmful effects of alcohol and willingly commit to medical treatment. This approach also drew from Pavlovian reflexology (aversive conditioning), where drugs induced nausea as a response to alcohol consumption.

5. Trauma narratives

5.1 Psychotic and schizophrenic trauma narratives

The emergence of symptoms is typically linked by psychotic patients (as well as their relatives) to the collectivization. The unreserved tone found in anonymous letters finds an echo in the account of a man¹¹ who was hospitalized due to a suicide attempt. In his perspective,

he resists joining the collective because he believes it would leave him with nothing. In our village, there are about 30 people who are escaping the collective. Everyone is running from it like they're fleeing from something terrible. [...] On January 12th, I was brutally assaulted for refusing to join the collective. The police subjected me to three days of relentless beating until I yielded and signed up. They gave me a severe thrashing. My back was covered in bruises from the truncheon.

These events are recounted in the medical records in a purely factual manner, with collectivization being presented as a word-by-word, auto-anamnestic communication. The loss of contact with reality becomes

11 Case 2.

more apparent through the narration of the symptoms. The patient described his symptoms as 'nervous collapses and moments of blacking out'.

Two women reported experiencing hallucinations. One of their own words was recorded in her patient file as follows:

something bright descended from the sky. Since then, she has claimed to have conversations with her father, who speaks to her from the heavens. He recently said, 'I'm waiting for you, my daughter, although you still have 4 or 5 years to live, but you are already very withered.' She also claimed to have spoken to the Virgin Mary and the Lord God.

She further reported hearing various sounds, such as cannon thunder and gunfire. While she did express concerns about the collectivization, it was only in the medical interpretation that her deteriorating condition was explicitly linked to her "*difficulties in contributing to the community's prosperity*".¹² Another patient described her experiences as follows:

At night, a figure in black or white attire appears to them. Initially, I didn't see it, but I felt its presence. The next time, I saw the figure, short and shrouded in light, passing through the doorway. Even up close, I couldn't identify the figure clearly, describing it as some sort of witch-like form. My son has seen this figure four times in total and has slept peacefully for several nights",

but not she. Three explanations have been offered for these symptoms. The doctors attributed them to biological causes, with their explanation centering on menopause. The husband, on the other hand, believed that the onset of the symptoms coincided with the collectivization. Meanwhile, the wife presented a third explanation: that she had fallen "*under the influence of devils and witches ... due to her abandonment of God*."¹³

12 Case 4.

13 Case 3.

These explanations are not necessarily mutually exclusive, as they can all be integrated into a comprehensive model. Research conducted in regions outside of Europe has demonstrated that specific cultural traditions often externalize anxieties induced by high levels of stress, causing internal anxiety to manifest as encounters with malevolent spirits. Notably, such sightings tend to coincide with periods of mass violence (Igreja et al. 2010), and the constant presence of agitators tormenting the peasants day and night is not far removed from the persistent apparitions that haunt them. While the medical perspective predominantly adopts a biological interpretation, the husband emphasized identifying external causes, whereas the wife attributed her experiences to her inner psychological state. The psychiatrist interpreted the woman's experience as a hysterical reaction of a "primitive, superstitious female patient living in a rural environment," invalidating her viewpoint and other interpretations as purely biological. (Herman 2015, 7–8)

In the account of a seemingly "quiet" man, he described being profoundly "shocked" when the local agricultural cooperative attempted to seize his vineyard. Much like the narratives of the two women, religious themes are prevalent here as well:

God, the Government, or the Party can do what it wants to me. They punish the guilty... I can't tell you what I stole... I committed adultery... If innocent people are being strung up, why shouldn't I be strung up, guilty as I am. ... It was God's will that you came here. It could be punishment. It could be coercion.

In his patient file, a dominant theme emerges where doctors made efforts to distinguish between his perceptions grounded in reality and those rooted in delusion. Terms such as referring to his doctor as an "angel of death" or harboring unfounded fears of the doctor's wife engaging in a sexual relationship with him were considered instances of misinterpretation. However, the patient's concerns regarding his social status received validation from the medical staff as well. This was further

confirmed by a note highlighting his anxieties, stating, “He talked about where he was going to live. There is a realistic background to this.”¹⁴

Frequently, it’s not the alteration in speech but rather shifts in behavior that the surrounding environment interprets as the onset of psychosis. In one case, this becomes quite paradoxical, as it involves a man, otherwise a beneficiary of the communist regime, whose transformation in behavior was characterized by his sudden alignment with communist ideology. The family, originally of servant origin, had been granted a small estate during the 1945 land redistribution, which they, contrary to the general trend, had successfully developed into a prosperous farm. The man’s previous demeanor was described by his son as “hard-working, honest, family-oriented, eager to learn, interested, abstemious ... with a circle of friends.” His altered behavior was marked by “a heightened interest in worldly affairs, a newfound enthusiasm for travel,” and increasing mobility since September. During this time, he even took it upon himself to organize a collective farm, something he wouldn’t have considered previously.” During psychiatric assessments, “he ardently affirmed his communist allegiance, denouncing priests and aristocrats.” While this may seem like an attempt to pathologize behavior that was expected of communists, the family sought psychiatric assistance due to domestic conflicts and the man’s nocturnal wanderings.¹⁵ This presents an atypical pathology, with no religious content evident (unlike other schizophrenic patients) and no indications of possessions being lost. Nevertheless, the pressures of collectivization and the resultant reversal of status (from being an agitated landowner to an agitator) underscore the immense stresses experienced during this period.

Another case, marked by its atypical nature and multiple diagnoses, concerns a man¹⁶ whose primary symptoms included “*stomach complaints and unexplained anxiety*.” This was the second occurrence of such symptoms, with the first episode taking place in 1945 upon his

14 Case 5.

15 Case 1.

16 Case 6.

return from a prisoner of war camp. On both occasions, he expressed deep apprehension about people, death, and illness. Unlike previous cases, he refrained from discussing collectivization; it was the doctor who introduced it as a potential contributing factor: “*When asked about his involvement with the local cooperative, he mentioned it might have played a role and that his symptoms began around that time*”, while reiterating his neurotic complaints. The absence of hallucinations, the omission of circumstances surrounding collectivization (implying a perceived taboo), suggests that this man was more likely experiencing neurotic or depressive symptoms. Furthermore, the subset of schizophrenia related to his case, known as somatophrenia, also exhibits characteristics, such as a tendency to imagine or exaggerate bodily ailments, commonly found in milder pathologies.

A young woman¹⁷ sought treatment due to insomnia. However, only after extended questioning did she reveal a deeper concern that had been troubling her – questioning the existence of God. She described episodes when she perceived someone as God but then reverted to seeing them as an ordinary person. Abruptly, she exclaimed,

I'm already searching for the day when our cooperative will become a proper one – so far, no issues, but I'm frightened because everyone seems to be eager to quarrel and steal. So many things trouble me.

Her initial diagnosis was schizophrenia, though she had previously visited the institute in December 1960, at which time she was diagnosed with depression. Her case offers a valuable opportunity to compare the narratives of illness associated with different pathologies.

17 Case 7.

5.2 Depressive trauma narratives

Before this woman¹⁸ was admitted to the psychiatric ward following a suicide attempt, she received diagnoses of depression and psychosis. She shared that she had been “forced” into joining the cooperative. When summoned to a council meeting, she began to fear being forcibly taken away. The mere sight of a policeman terrified her. She struggled to work, suffered from headaches, dizziness, and insomnia, with her condition steadily deteriorating. Two weeks prior, she had begun speaking about her husband and son being taken away, and she feared execution. In her own words, her distressed state was attributed to being “forcibly” admitted to the cooperative in the spring. She had heard rumors circulating in the village about villagers being rounded up and taken away. What is noteworthy here is the medical interpretation: the violent nature of her suicide attempt was documented, and a biological approach took precedence in her diagnosis. Her family’s medical history, including her brother’s neurological treatment and her mother’s post-war heart problems, played a significant role. What might be perceived as the psychotic element in her narrative? Notably, there were no religious hallucinations, only overwhelming, paralyzing fear. It’s plausible that this fear of death was regarded as irrational behavior. If collectivization were truly voluntary, in accordance with Leninist principles, it could indeed be seen as a loss of contact with reality. But if not...

Four months after giving birth, a mother¹⁹ attempted to resume work. However, she quickly found herself overwhelmed and unable to work for extended periods.

Thoughts about their future started to consume her. Her older child was struggling in school, adding to her worries. How would she manage to care for the little one? What would she feed him when her milk ran low? What was she supposed to do after cook-

18 Case 7.

19 Case 8.

ing? She felt an overwhelming sense of having tasks to complete but no clear direction.

She mentioned experiencing something similar before, in October 1956, though she didn't explicitly refer to the revolution. Although she didn't mention it, the medical assessment suggested that exhaustion from childbirth and "external circumstances" may have contributed to her physical decline. The husband's statement in January, where he mentioned their joining the collective farm, hints at collectivization possibly being a causative factor, a notion acknowledged by the patient herself.

The lasting repercussions of the traumas endured during collectivization become evident through the account of a man²⁰ grappling with a range of distressing symptoms: "sleeplessness, loss of appetite, and an overwhelming sense of isolation." He unfolds the narrative of his family, which was branded as "kulaks" during the early 1950s, leading to exorbitant tax burdens causing them every-day struggles. In 1962, he joined the cooperative. Notably, within his concise medical history, he, akin to other individuals recounting their struggles with depression, draws a parallel between his current state and past traumatic episodes: a strikingly similar bout of affliction in 1945 that persisted for a harrowing six months.

5.3 Alcoholics' trauma narratives

Compared to previous psychiatric disorders, the history of alcoholism exhibits a remarkable continuity, with no single event being attributed to its onset. For instance, a 75-year-old farmer²¹, who had seen his small plot of land taken, expressed, "I've always drunk; you can't live without it." Another individual, who had previously considered his alcohol consumption as moderate and failed to recognize its harmfulness, found himself indulging in heavy drinking following collectivization. In his

20 Case 9.

21 Case 10.

inebriated state, he engaged in conflicts with his wife and coworkers.²² Similarly, the wife of a 53-year-old farmer acknowledged her husband's long-standing drinking habit, noting that *"he has always been a drinker, but when he doesn't drink, he is a very good and hard-working man."* Between 1951 and 1953, he worked as a sharecropper and endured the loss of his land, which drove him to excessive alcohol consumption, reaching up to 3 or 4 liters a day. This led to confusion and various symptoms, especially at night, such as hallucinations of dogs and cats. In 1953, he decided to quit the cooperative due to the cloudiness in his mind and extreme nervousness, but his recent admission was prompted by an incident where he threatened his family with a knife while intoxicated.²³

A farmer²⁴, who resisted collectivization pressures, arrived at the institute drunken, accompanied by his wife. He exhibited delirium and tremors. After a few days of treatment, he clarified that his nervousness stemmed from an incident a month prior when he was kicked by a horse, resulting in three broken ribs. He also mentioned an incident with compressed air in 1942, acknowledging that, given his nervous system, he should abstain from wine. However, he denied the harmfulness of alcoholism. His wife's narrative emphasized family matters, including the death of her mother-in-law and the illness of her father-in-law, who suffered a stroke, contributing to her husband's nervousness. She recounted his rude behavior upon returning home from market days, his trembling hands, and overall physical agitation when intoxicated.

Psychology, as a professional perspective, was a rarity at the institute until the late 1960s when psychologists were introduced, gaining professional autonomy by the end of the decade. In contrast to the man's emphasis on physical accidents and the woman's focus on family conflicts, the psychologist considered the process of collectivization as a significant factor. According to their assessment, the man's drinking was rooted in the "fear of losing his land", which caused nervousness,

22 Case 13.

23 Case 11.

24 Case 13.

even though “he understood the futility of such anxiety”. The psychologist’s opinion carried a strong value judgment, noting that the man failed to grasp the evolution of their times, holding a “deep attachment to the past”. In the previously mentioned case²⁵, the psychological assessment also framed the alcoholic patient’s experiences within the context of modernity versus backwardness. They described the patient as a “child of simple peasant parents, accustomed to independence, struggling to accept the shift away from individual land ownership towards community-based reality”.

6. Conclusions

Collectivization signifies the definitive transition from the traditional peasant farming system to the emergence of socialist large-scale agriculture. In my study, I delved into this societal transformation at an individual level within the context of psychiatry, an arena inherently attuned to changes, particularly those in people’s behavior. Doctors, relatives, and patients all endeavored to elucidate the symptoms. Language serves as a tool for constructing reality, whether it’s in propaganda or in the narratives of psychiatric patients describing their conditions. In the cases presented, a dual interpretation unfolded: patients sought to clarify their experiences by sharing their narratives, yet these accounts also formed the foundation for a professional comprehension, as doctors drew conclusions regarding their mental state and diagnosis from these narratives.

There’s a pivotal moment in the lives of individuals affected by schizophrenia or depression, which marks the onset of their illness from a medical perspective. This shift in behavior is noticed by their surroundings, and it often corresponds with some form of physical, mental or spiritual experience for the patient. An exception to this pattern is the narratives of alcoholic patients, where a clear starting point is not evident. This might suggest that alcoholism was not considered a fully-

25 Case 12.

accepted psychiatric illness. The moralizing tone of textbooks of that era supports this interpretation. It's also important to note that from the perspective of the patients, psychiatric intervention added to the weight of their existing problems, often accompanied by a deep sense of shame.

In the quest to understand a patient's condition, various narratives come into play. Specialists often adopt a biological standpoint. However, some also delve into the patient's life history, particularly addressing the transformation in lifestyle associated with collectivization. While they interpreted these disorders as symptoms of individual maladaptation, they appeared to be more open-minded than the psychologist in Konrád's novel. But still, the accounts of violence during this period are consistently framed within quotation marks, reminiscent of contemporary literary techniques that place them within the context of hearsay.

Narratives from individuals experiencing depression tend to be relatively coherent. Their central theme often revolves around not comprehending the drastic changes happening around them, aligning with prevalent stress theories that suggest an inability to adapt to the rapidly evolving external world. An illustrative case is when a psychiatrist introduces the notion of enervation as a pathogenic factor, linking the depressive patient's struggle to adapt to the pace of modernity. This approach aligns with Nyírő's psychiatric perspective, which understands depressive syndromes as problematic attitudes toward reality.

In contrast, narratives from individuals with schizophrenia or psychosis are less coherent and often introduce supernatural elements, such as religious themes. Mentioning God in these narratives may serve to counteract experiences of violence, seek meaning in their condition, or reflect doomsday feelings linked to the cessation of traditional farming practices. However, these explanations also subject these victims to another circle of stigmatization: being religious was often perceived as primitive and superstitious.

Notably, these experiences often reveal taboo stories, openly acknowledging the violence endured during collectivization. This openness is unusual, as the public sphere in the party-state context typically allowed discussions of violence only when immediately framed as a rumor. These narrative elements likely played a significant role in the

construction of diagnoses such as psychosis and schizophrenia, although it's crucial to consider that not all information was preserved in the documentation. The patients' struggle to convey their truth was met with limited success. Although healthcare practitioners inadvertently reinforced other aspects of anti-peasant practices, such as being persecuted as kulaks, the violence they endured was never validated. Therefore, it can be argued that while survivors could communicate the broader message about rural transformation, they struggled to articulate the full extent of their personal experiences.

References

- Antić, A. (2017): *Therapeutic Fascism: Experiencing the Violence of the Nazi New Order*. Oxford: Oxford University Press.
- Bauerkämper, A. and Iordachi, C. eds. (2014): *The Collectivization of Agriculture in Communist Eastern Europe. Comparison and Entanglements*. Budapest: CEU-Press.
- Benedek, I. (1956): 'Pszichopátia és neurózis' [Psychopathy and neurosis], in *Ideg- és Elmegyógyászati Továbbképzés / az 1955. évi tanfolyam előadásai/ II.*. Budapest, 171–178.
- Bíró, F. and Für, L. (2013): *Búcsú a parasztságtól. II.* [Farewell to the peasantry. Volume II.], Pécs: Kairosz Könyvkiadó.
- Bognár, Gy. (1974): 'Íróink, költőink a nagyüzemi mezőgazdaságért' [Our writers and poets for the large-scale agriculture], *Kisalföld*, 19(146), 4.
- Csikós, G. and Horváth, G. and Ö. Kovács, J. (2023): *The Sovietization of Rural Hungary, 1945–1980. Subjugation in the Name of Equality*. London: Routledge.
- Csikós, G. (2020): 'Countryside Modernized or Traumatized? Rural Mental Health in Hungary after the Collectivization of Agriculture'. *Hiperboreea*. 7(1), 74–98.
- Dr. D. R (1959): 'Kommunista roham a magyar parasztság ellen' [Communist assault against the Hungarian peasantry], *Katolikus Szemle*. 11:2, 138–141.

- Galgóczi, E. (1959): 'Miért léptek be? Tapasztalatok a győri járásból' [Why did they join? Experiences from the Győr district], *Élet és Irodalom*. 3(11), 3.
- Garkusenko, M. (1951): *Hogyan készítjük elő és vezessük le a politikai iskola foglalkozásait*. [How to prepare for and conduct sessions at the political school]. Budapest: Szikra.
- Hárdi, I. (1958): 'A pszichoterápia helye és jelentősége az orvosi gyakorlatban' [The place and significance of psychotherapy in medical practice], *Orvosi Hetilap*. 99(23), 778–782.
- Herman, J. (2015): *Trauma and Recovery. The Aftermath of Violence. From Domestic Abuse to Political Terror*. New York: Basic Books.
- Igreja, V., Dias-Lambranca B, Hershey DA, Racine L, Richters A, Reis R. (2010): 'The epidemiology of spirit possession in the aftermath of mass political violence in Mozambique' *Soc Sci* 71(3), 592–599. doi: 10.1016/j.socscimed.2010.04.024. Epub 2010 May 12. PMID: 20542612.
- Juhász, P. (1973) 'Pathogenic factors eliciting neurosis in the inhabitants of a Hungarian village in the years following the formation of agricultural co-operatives', *International Journal of Social Psychiatry*, 19(3), 173–179.
- Kaminer, D., and Eagle, G. (2010). *Traumatic Stress in South Africa*. Wits University Press. <http://www.jstor.org/stable/10.18772/22010105096>
- Karge, H. (2021): *Der Charme der Schizophrenie. Psychiatrie, Krieg und Gesellschaft im kroatisch-serbischen Raum*. De Gruyter Oldenbourg.
- Koltai, G. (2018): 'Fegyelem az állampártban az 50-es években. Szakirodalmi hiányok – feltáratlan források' [Discipline in the state party in the 1950s. Literature gaps – unexplored sources], in Balázs, E and Koltai G. and Takács, R. (eds.) *Homoklapátolás nemesércért. A 70 éves Ständeisky Éva tiszteletére*. Budapest: Napvilág Kiadó, 151–164.
- Konrád, G. (1982): *The loser*. San Diego – New York – London: HBJ.
- Kovács, Cs. (2016): 'Complaints from the Final Period of Hungarian Collectivisation.' in Radu S. and Budeancă, C. (eds.) *Countryside and Communism in Eastern Europe. Perceptions, Attitudes, Propaganda*. Wien–Zürich–Münster: LIT Verlag. 296–334.

- Kovács Ö, J. (2012): *A paraszti társadalom felszámolása a kommunista diktatúrában – A vidéki Magyarország politikai társadalomtörténete 1945–1965* [The elimination of the peasant society in the communist dictatorship – The socio-political history of rural Hungary 1945–1965]. Budapest: Korall.
- Kovai, M. (2015): 'The History of Hungarian Institute of Psychiatry and Neurology between 1948 and 1968', in Marks, S. and Savelli, M (eds.) *Psychiatry in communist Europe*. New York: Palgrave Macmillan, 117–133.
- Kovai, M. (2014): 'Revolution and Counter-Revolution in a Psychiatric Case Report of the Kádár Era' in Pauknerová K and Stella M and Gibas P. Marco, Stella; Petr, Gibas (eds.) *Non-Humans in Social Science. Ontologies, Theories and Case Studies*. Cervený Kostelec: Nakladatelství Pavel Mervart, 239–256.
- Lázár I. (1966): 'Mit akarhat egy író?' [What might an author want?], *Valóság* 9(11), 104–107.
- Le Bonhomme, F. (2021): 'Politics and Family Conflicts through the Psychiatric Lens: East Berlin's Charité in the early GDR'. In: Karge, H. and Kind Kovács, F. and Bernasconi S. (eds.) *From the Midwife's Bag to the Patient's File*. Budapest- New York: CEU Press, 219–242.
- Leuenberger, C. (2007): 'Psychological Diagnoses as Institutional and Political Projects before and after the Transition from State Socialism in 1989 in East Germany.' *Osiris* 22(1), 180–204.
- Marks S. and Savelli M (2015): 'Communist Europe and Transnational Psychiatry' in Marks, S. and Savelli, M (eds.) *Psychiatry in communist Europe*. New York: Palgrave Macmillan, 1–26.
- Nyíró, Gy. (1962): *Psychiatria*. [Psychiatry]. Budapest: Medicina.
- Petrescu, C. (2016): 'Peasants into Agro-Industrial Workers The Communist Modernization of Romanian Villages, 1974–1989', in Radu S. and Budeancă C. (eds) *Countryside and Communism in Eastern Europe. Perceptions, Attitudes, Propaganda*. Wien–Zürich–Münster: LIT Verlag, 594–618.
- Radu, S. and Budeancă, C. ed. (2016): *Countryside and Communism in Eastern Europe. Perceptions, Attitudes, Propaganda*. Wien–Zürich–Münster: LIT Verlag.

- Rose, N. (2019): *Our Psychiatric Future*. Cambridge: Polity Press.
- Schöhl, S and Volker H. (2019): 'War Imprisonment and Clinical Narratives of Psychiatric Illness, Psychiatric Hospital Charité, Berlin, 1948–1956' *Journal of the History of Medicine and Allied Sciences*, 74(2), 145–166, <https://doi.org/10.1093/jhmas/jry044>.
- Serfőző, S. (1978): *Amíg élünk* [As long as we live], Budapest: Magvető.
- Somogyvári L. (2023): A kollektivizálás második hulláma amerikai tükörben (1957–1962) [American reflections on the Second Wave of Collectivization (1957–1962)], In: Csikós G. and Horváth G. K. (eds.) *A fridsider polcai. A szocializmus valósága vidéken az 1960–1980-as években*. Budapest: Bölcsészettudományi Kutatóközpont – Nemzeti Emlékezet Bizottsága, 193–208.
- Spielmann, J. (1984) *Betegség, orvoslás, társadalom. Az orvosi szociológia vázlatja*. [Illness, Healing, Society: An Outline of Medical Sociology]. Bucharest, Kriterion.
- Tokay L. (1956): A gyakorlati psychotherapiáról. [On Practical Psychotherapy]. in *Ideg- és Elmeógyógyászati Továbbképzés /az 1955. évi tanfolyam előadásai/ II*. Budapest, 151–170.
- Went I. (1956): A pavlovi élettani szemlélet alapelemei. [Fundamentals of Pavlovian Physiological Perspective]. in *Ideg- és Elmeógyógyászati Továbbképzés /az 1955. évi tanfolyam előadásai/ II..* Budapest, 1–18.