

PSYCHIATRY AS A TOOL OF REPRESSION AGAINST DISSIDENTS IN THE USSR



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Uchennyi sverstnik Galileya
Byl Galilee ne glupee
On znal chto vertitsya zemlya
No u nego byla semya

Ученый сверстник Галилея
Был Галилее не глупее
Он знал что вертится земля
Но у него была семья

INTRODUCTION

Generally speaking, the systematic use of psychiatry to incarcerate dissidents in psychiatric hospitals started in the late 1950s and early 1960s. However, there are cases of political abuse of psychiatry known from a much earlier date such as the case of the Russian philosopher Pyotr Chaadayev from the times of Tsar Nicholas I.¹ Also in early Soviet times some attempts to use psychiatry for political purposes took place, yet in these cases, as well as the Chaadayev case, it seems that sticking on a psychiatric diagnosis seemed to be the easiest option to the authorities, and not a well-developed government policy.

In the 1930s the political abuse of psychiatry took on a more systematic form. According to a series of letters published by a Soviet psychiatrist in *The American Journal of Psychiatry*, it was one of the leaders of the Soviet secret police, Andrei Vyshinsky, who ordered to use psychiatry as a means of repression.² According to the author of

¹ Bloch, S., and Reddaway, P. *Russia's Political Hospitals*, pp. 48-50.

² *American Journal of Psychiatry*, 1970, vol 126, pp. 1327-1328; vol. 127, pp. 842-843; 1971, vol. 127, pp. 1575-1576, and 1974, vol. 131, p. 474.

the letters, whose name was known to the editor but otherwise remained anonymous, the first Special Psychiatric Hospital in Kazan was used exclusively for political cases. Half of the cases were persons who indeed were mentally ill, but the other half were persons without any mental illness, such as the former Estonian President Pääs who was held in Kazan from 1941 till 1956 for political reasons.³

Also the Serbski Institute for Forensic and General Psychiatry in Moscow had a political department, headed by Professor Khaletsky. However, according to Soviet poet Naum Korzhavin the Serbski was at that time a relatively humane institution with a benevolent staff.⁴ However, the atmosphere changed almost overnight when Dr. Daniil Lunts was appointed head of the Fourth Department, which was later usually referred to as the Political Department. Before psychiatric departments had been considered a “refuge” against being sent to the Gulag, but from that moment onwards this policy changed.⁵

More cases of political abuse of psychiatry are known from the 1940s and 1950s, including that of a Party official Sergei Pisarev who was arrested after criticizing the work of the Soviet secret police in connection with the so-called Doctor’s Plot, a anti-Semitic campaign developed at Stalin’s orders that should have led to a new wave of terror in the USSR and probably to the annihilation of the remaining Jewish communities that had survived the Second World War. Pisarev was hospitalized in the Special Psychiatric Hospital in Leningrad, which together with a similar hospital in Sychevka had been opened after the Second World War. After his release in 1955, Pisarev initiated a campaign against the political abuse of psychiatry, concentrating himself on the Serbski Institute that he considered to be the root of all evil. As a result of his activity the Central Committee of the Communist Party established a committee that investigated the situation and concluded that the political abuse of psychiatry was indeed taking place. However, the report disappeared in a desk drawer and never resulted in any action taken.⁶

On basis of the available evidence one can conclude that in the course of the 1960s the political abuse of psychiatry in the Soviet Union became one of the main methods of repression. By the end of that decade many well-known dissidents were diagnosed as being mentally ill.

Because they were considered “especially dangerous criminals”, many dissidents were incarcerated in Special Psychiatric Hospitals. Often housed in former prison buildings dating back to Tsarist times, the living conditions were generally very bad. As early as

³ *Kaznimye sumassbestviem*, Frankfurt, Possev, 1971, p. 479. A symptom of his mental illness was his constant claim that he was „the President of Estonia“.

⁴ Bloch, S. and Reddaway, P. *Russia’s Political Hospitals*, London, Gollancz, 1977, p. 53-54.

⁵ Van Voren, R. *Daniil Lunts, Psychiatrist of the Devil*, unpublished manuscript, 1978; Van Voren, R., *Soviet Psychiatric Abuse in the Gorbachev Era*, Amsterdam, IAPUP, 1989, p.16.

⁶ Pisarev, S., *Soviet Mental Prisons*, Survey, London, 1970, pp. 175-180.

1971 Soviet Minister of Health Boris Petrovsky⁷ reported to the Central Committee of the Communist Party that the living conditions in the Special Psychiatric Hospitals did not meet the standards necessary for adequate treatment of the mentally ill.⁸ In the same year, the Ministry of Health, the Ministry of Internal Affairs (MVD) and the KGB sent a plan to the Council of Ministers for improving medical assistance to persons with mental illness.⁹ A few weeks later, the Central Committee received a highly critical four-page report by the Department of Science and Education of the Central Committee, which provided much detail about the prevailing situation. The report mentioned that despite special attention being paid for several years, the Central Committee was still receiving “complaints from the population with regard to serious shortcomings in the mental health care services in the country” and that “the state of psychiatric help continues to be unsatisfactory. In many hospitals patients had only 2-2.5 square meters at their disposal, although the norm was 7 square meters. “Cases in which patients are sleeping in pairs in one bed and even on the floor are not rare. In several hospitals double bunk beds have been made.”¹⁰ The report continued: “As a result of overcrowding of hospitals sanitary-hygienic norms are being violated, unacceptable conditions are created for living, diagnosing and treatment of mentally ill persons as well as for the work of the personnel. Not seldom patients are discharged prematurely.”¹¹

By the end of that decade many well-known dissidents were diagnosed as being mentally ill. According to F.V. Kondratiev, an associate of the Serbski Institute, between 1961 and the date of his research (1996) 309 people were sent to the Fourth Department of the Serbski Institute for psychiatric examination after having been charged with anti-Soviet agitation and propaganda (art. 70 of the RSFSR Criminal Code), and 61 after a charge of “slandering the Soviet State” (art. 190-1 of the RSFSR Criminal Code). However, he admits that ‘politicals’ were also charged with other crimes, such as hooliganism, and that therefore the numbers might be higher.¹²

A report by Lieutenant-General S. Smorodinski of the KGB in Krasnodarski Krai of December 15, 1969, shows that people sent to the Serbski Institute formed only the tip of the iceberg. This report, which KGB Chairman Yuri Andropov sent to the Politburo in January 1970, discussed more effective measures to register and isolate

⁷ Boris Vasilievich Petrovsky was a general surgeon who made several major contributions to cardiovascular surgery, transplant surgery, and oesophageal surgery. For more than 15 years (1965-80) Petrovsky was minister of health in the former Soviet Union.

⁸ Report by B. Petrovsky to the Head of the Department of Science and Education of the Central Committee of the CPSU, March 25, 1971.

⁹ Excerpt from the minutes No. 31, paragraph 19c of the session of the Central Committee of the CPSU of February 22, 1972.

¹⁰ *On the situation of psychiatric help in the country*, Report to the Central Committee, February 18, 1972, signed by the Head of the Department for Science and education S. Trapeznikov, p. 1.

¹¹ *On the situation of psychiatric help in the country*, p. 1.

¹² *Ocherki Istorii*, published on the occasion of the 75th anniversary of the Serbski Institute, pp. 140-141.

mentally ill persons, including those “who had terrorist and other intentions dangerous to society.”¹³ Among the latter, Smorodinski listed people who tried to escape from the Fatherland, people “fanatically trying to meet with foreigners”, as well as those who tried to found new [political] parties or to suggest control mechanisms with regard to the Communist Party. According to Smorodinski one person suggested establishing a “council to control the activities of the Politburo of the Central Committee of the CPSU and local party organs,” which was considered to be an especially dangerous act; others were accused of spreading anti-Soviet leaflets. Smorodinski concluded that the Krasnodarski Krai had only 3785 beds available, while 11-12,000 persons should be hospitalized. Andropov added to Smorodinski’s document: “Similar situations occur in other parts of the country.” In other words: the number of beds in the USSR needed to be increased considerably in order to meet this urgent demand.¹⁴

How extensive the abuse had become in the early 1970s is also well illustrated by a report on a high-level meeting between the East German Stasi and the Soviet KGB in Berlin in April 1976, with data on the situation a few years earlier:

The increased stability of society in the USSR is also clear from the fact that in 1974 fewer people were convicted because of slandering the state or anti-Soviet propaganda than in previous years. For example, in 1973 a total of 124 persons were arrested for these crimes against 89 persons in 1974, in the context of which it is important to note that 50% of these people were mentally ill.¹⁵

Psychiatry was not only used against individuals, but sometimes also to remove larger groups of “undesired elements” during Communist festivities or special events. In some cases they were delivered en masse, such as in 1971 in Tomsk:

At a ceremonial meeting of the hospital staff in 1971 [in Tomsk], which I attended, [hospital director Dr. Anatoly] Potapov¹⁶ said literally the following: ‘We expect to register a

¹³ Letter of Yuri Andropov to the members of the Politburo, No. 141-A, dated January 20, 1970, “Secret”. It is accompanied by the report by Smorodinski addressed to Yuri Andropov. The document is part of a much larger collection of documents from the Politburo, the Central Committee of the Communist Party of the Soviet Union (CPSU) and the KGB that were scanned by Vladimir Bukovsky during his research for the planned trial against the CPSU (which never took place) and which he subsequently put on the internet. See: www.bukovsky-archives.net.

¹⁴ The Five Year Plan of 1971-1975 included the construction of 114 psychiatric hospitals with a total capacity of 43,800 beds.

¹⁵ MfS-HAXX, 2941, p. 93.

In a memorandum by KGB Chairman Yuri Andropov to the Central Committee of the Communist Party, dated December 29, 1975, more interesting figures are provided. According to Andropov, in the period 1967 until 1975 in total 1583 people were sentenced on basis of articles 70 and 190-1 of the RSFSR Criminal Code, while in the preceding eight years (1958-1966) the total had been 3448 persons. However, later in the document he notes that during the period 1971-1974 63,108 persons had been “profilaktizirovano” (prevented), in other words, had been convinced by various means not to continue their anti-Soviet behaviour. Memorandum by Yuri Andropov, no. 3213-A, December 29, 1975, p. 3.

¹⁶ Anatoly Potapov, a psychiatrist by profession, was from 1965 to 1983 director of the psychiatric hospital in Tomsk. He would later become Minister of Health of the Russian Soviet Republic.

great number of patients on November 4-7. There'll be a special mark on their papers. They are suffering from 'paranoid schizophrenia'. We are to accept them all no matter how many there are...¹⁷

In 1980, KGB Chairman Yuri Andropov was quite explicit in a "top secret" memorandum to the Central Committee of the Communist Party with regard to the preparations of the 1980 Olympic Games in Moscow. In his 6-page report he quite explicitly wrote that 'with the goal of preventing possible provocative and anti-social actions on the part of mentally ill individuals who display aggressive intentions, measures are being taken, together with police and health authorities, to put such people in preventive isolation during the period of the 1980 Olympics.'¹⁸ His deputy Viktor Chebrikov and Minister of Internal Affairs Nikolai Shchelokov referred to them as "mentally ill with delusional ideas."¹⁹ This use of mental hospitals to separate undesirable elements during Communist holidays and special events was not limited to the USSR, however. Similar practices have been reported from Romania under Ceausescu and in the People's Republic of China.²⁰

ORIGINS OF SOVIET POLITICAL PSYCHIATRY

The political abuse of psychiatry in the Soviet Union developed within a totalitarian environment, which greatly facilitated its growth. It was facilitated by the belief that persons who opposed the regime were mentally ill, as there seemed to be no other logical explanation why one would oppose the best socio-political system in the world. Soviet leader Nikita Khrushchev worded this in a speech himself:

A crime is a deviation from the generally recognized standards of behavior frequently caused by mental disorder. Can there be diseases, nervous disorders among certain people in Communist society? Evidently yes. If that is so, then there will also be offences that are

¹⁷ *Moscow News* no. 37, 1990, reprinted in *Documents* 38, September 1990.

¹⁸ *Regarding the main measures to guarantee security during the period of preparation and implementation of the XXII Olympic Games in Moscow*, signed by KGB Chairman Yuri Andropov, document 902-A, dated May 12, 1980, p. 3.

¹⁹ *On the measures of the MVD of the USSR and the KGB of the USSR to guarantee security during the period of preparation and implementation of the XXII Olympic Games in Moscow*, "top secret" memorandum to the Central Committee, signed by Nikolai Shchelokov and V. Chebrikov, p. 2. Viktor Chebrikov was Deputy chairman of the KGB in 1962-1982 and Chairman in 1982-8. Nikolai Shcholokov, Minister of Internal Affairs and a personal friend of Soviet leader Leonid Brezhnev, was accused of corruption in 1988 and committed suicide.

²⁰ For Romania see: *Psychiatry under Tyranny*, p. 9. In China, in preparation of the Olympic Games of 2008 the Beijing police defined a grading standard for mentally ill persons who could cause incidents and accidents and are moderately disruptive. Security brigade chiefs, civil police chiefs and the security directors of all police branches in all the incorporated districts and county councils of Beijing were trained according to the "Beijing City mental health ordinance". Also a thorough investigation of basic information regarding the mentally ill of Beijing was carried out. The Beijing Police used the above-mentioned professional training and basic investigation to determine a grading standard to rate the risks posed by mentally ill persons. See www.legaldaily.com.cn April 4, 2007.

characteristic for people with abnormal minds [...] To those who might start calling for opposition to Communism on this basis, we can say that [...] clearly the mental state of such people is not normal.²¹

The American lawyer Richard Bonnie, together with his Soviet colleague Svetlana Polubinskaya, pointed out that “repression of political and religious dissidents was only the most overt symptom of an authoritarian system of psychiatric care in which an expansive and elastic view of mental disorder encompassed all forms of unorthodox thinking, and in which psychiatric diagnosis was essentially an exercise of social power.”²² The diagnosis of ‘sluggish schizophrenia’ that was developed by the Moscow School of Psychiatry and in particular by Academician Andrei Snezhnevsky, provided a handy framework to explain this behavior.²³

According to the theories of Snezhnevsky and his colleagues, schizophrenia was much more prevalent than previously thought because the illness could be present with relatively mild symptoms and only progress later. And in particular sluggish schizophrenia broadened the scope, because according to Snezhnevsky patients with this diagnosis were able to function almost normally in the social sense. Their symptoms could resemble those of a neurosis or could take on a paranoid quality. The patient with paranoid symptoms retained some insight in his condition, but overvalued his own importance and might exhibit grandiose ideas of reforming society. Thus symptoms of sluggish schizophrenia could be “reform delusions”, “struggle for the truth”, and “perseverance”.²⁴ However in the *World Health Organization Pilot Study*

²¹ *Pravda*, May 24, 1959.

²² Bonnie, Richard and Polubinskaya, Svetlana. *Unravelling Soviet Psychiatry*. In: *The Journal of Contemporary Legal Issues*, Vol. 10: 279, 1999, pp. 284-5.

²³ Andrei Vladimirovich Snezhnevsky, born in 1904 in Kostroma, graduated from the Medical Faculty in Kazan in 1925 and started working in the psychiatric hospital in his hometown. In 1932-1938 he was chief doctor of this hospital and became active in the field of research. In 1938-1941 he was senior scientific associate and deputy director of the Moscow Gannushkin Psychiatric Research Institute and in 1947 he defended his dissertation on psychiatry for the elderly under the title *Senile Psychoses*. During the war he was first linked to a battalion and then became chief psychiatrist of the First Army. In 1945-1950 he worked as a lecturer at the psychiatric faculty of the Central Institute for Continued Training of Physicians and for almost two years (1950-1951) was Director of the Serbski Institute. Until 1961 he was head of the psychiatric faculty of the Central Institute for Continued Training of Physicians. In 1962 he became head of the Institute for Psychiatry of the Academy of Medical Sciences of the USSR a position he held until his death on July 17, 1987. In addition, from 1951 onwards he was chief editor of the Korsakov Journal of Neuropathology and Psychiatry. In 1957 he became a candidate Member of the Academy of Medical Sciences, in 1962 a full member.

²⁴ See Bloch, S. *Soviet Psychiatry and Snezhnevskyism*, in Van Voren, R.(ed.). *Soviet Psychiatric Abuse in the Gorbachev Era*, pp. 55-61. In an interview with the Soviet newspaper *Komsomolskaya Pravda* two Soviet psychiatrists, Professor Marat Vartanyan and Dr. Andrei Mukhin, explained in 1987 how it was possible that a person could be mentally ill while those around him did not notice it, as could happen in case of “sluggish schizophrenia”. What did mentally ill then mean? Vartanyan: “... When a person is obsessively occupied with something. If you discuss another subject with him, he is a normal person who is healthy, and who may be your superior in intelligence, knowledge and eloquence. But as soon as you mention his favorite subject, his pathological obsessions flare up wildly.” Vartanyan confirmed that hundreds of persons with this diagnosis were hospitalized in the Soviet Union. According to Dr. Mukhin this was because “they disseminate their pathological reformist ideas among the masses.” A few months later the same newspaper listed a number of symptoms “a la Snezhnevsky”,

on *Schizophrenia*, a computer program re-assigned cases of schizophrenia from Moscow to non-psychotic categories far more frequently than in any other country, thus highlighting this aberration in classification.²⁵

Several scholars analyzed the concepts of sluggish schizophrenia in the USSR, and the scientific writings that focused on this diagnosis. Canadian psychiatrist Harold Merskey, together with neurology resident Bronislava Shafran, in 1986 analyzed a number of scientific articles published in the *Korsakov Journal of Neuropathology and Psychiatry*. They took two sample years, 1978 and 1983, and found in total 37 and 27 articles respectively that focused on schizophrenia. In their article, they concluded that “the notion of slowly progressive schizophrenia is clearly widely extensible and is much more variable and inclusive than our own ideas of simple schizophrenia or residual defect states. Many conditions which would probably be diagnosed elsewhere as depressive disorders, anxiety disorders, hypochondriacal or personality disorders seem liable to come under the umbrella of slowly progressive schizophrenia in Snezhnevsky’s system.”²⁶ In addition, based on the articles they analyzed, they also questioned the quality of psychiatric research in the Soviet Union.

If the articles we are considering had been submitted in English to a Western journal, most of them would probably have been returned for radical revision. As noted above, the original writing is diffuse and cumbersome: we have attempted to make some of it more readable in translation. At times the writing is also disturbingly incomprehensible, even to readers who grew up speaking Russian and received a Russian medical education.²⁷

Two years later, Semyon Gluzman carried out even more extensive research.²⁸ In his analysis he quoted a large number of works by well-known associates of the Serbski Institute, and in some of these studies the political “illness” was far from being camouflaged. In some studies patients were ill with “excessive religiosity”,²⁹ another study concluded that “compulsory treatment in an ordinary psychiatric hospital may be recommended for patients with schizophrenia with delusional ideas of reform, who show a diminished level of activity and in whom we can observe a difference between their statements and behavior.” However, another patient showed an “extreme social

including “an exceptional interest in philosophical systems, religion and art.” The paper quoted from a 1985 *Manual on Psychiatry of Snezhnevsky’s Moscow School* and subsequently concluded: “In this way any – normally considered sane – person can be diagnosed as ‘sluggish schizophrenic.’”

²⁵ *The International Pilot Study on Schizophrenia*. World Health Organization, 1973.

²⁶ Merskey, H, and Shafran, B. *Political hazards in diagnosis of ‘sluggish schizophrenia*, p. 249. Published in the *British Journal of Psychiatry*, 1986, 148, pp.: 247-256.

²⁷ Merskey, H, and Shafran, B. *Political hazards in diagnosis of ‘sluggish schizophrenia*, p. 251.

²⁸ The outcome was published in the Soviet Union in *Selskaya Molodezh*, No. 8, 1989, pp. 32-36; *Raduga*, October 1989, No. 10, pp. 56-67. A collection of the articles was published by IAPUP on the eve of the WPA World Congress in Athens in October 1989 under the title “*On Soviet Totalitarian Psychiatry*”. The collection also contained other works by Semyon Gluzman.

²⁹ *On Soviet Totalitarian Psychiatry*, p. 42.

dangerousness and [this formed] the foundation of the recommendation for compulsory treatment in a Special Psychiatric Hospital”³⁰

On basis of the available data, one can confidently conclude that thousands of dissenters were hospitalized for political reasons. The archives of the International Association on the Political Use of Psychiatry contained over a thousand names of victims of whom we had multiple data (name, date of birth, type of offense, place of hospitalization), all information that had reached the West via the dissident movement. However, this number excluded the vast “grey zone”, people who were hospitalized usually for shorter periods of time because of a complaint to lower officials, conflicts with local authorities or because of unorthodox behavior”. It is estimated that this group was much larger. Their names were, however, not known to the dissident movement and thus nor recorded in the West. A biographical dictionary published by IAPUP in 1990 listed 340 victims of political abuse of psychiatry as well as more than 250 psychiatrists involved in these practices.³¹

THE ROLE OF ANDREI SNEZHNEVSKY

In the course of the years, I have become convinced that many of the psychiatrists were probably unaware that they engaged in unethical behavior and that they were part of a governmental repressive machinery. For example, Ukrainian psychiatrist Ada Korotenko found out only in the mid-1990s that former colleagues of her had been involved in the political abuse of psychiatry when she participated in a Ukrainian study into the origins of political abuse of psychiatry and in the course of that study examined sixty former victims. Under the original Soviet diagnoses she found the names not only of former colleagues but even of some of her friends. While interviewing the former victims and comparing their state of mind with the original diagnoses, she not only realized they had been hospitalized for non-medical reasons, but also that she could have authored the original diagnoses herself.³² When visiting the Special Psychiatric Hospital in Chernyakhovsk (Kaliningrad region) for the first time in 2006, I was introduced to a nurse who had been on duty when General Pyotr Grigorenko was held there in 1970-1973.³³ She remembered Grigorenko well,

³⁰ *On Soviet Totalitarian Psychiatry*, p. 43.

³¹ Koppers, A. *A Biographical Dictionary on the Political Abuse of Psychiatry in the USSR*, IAPUP, Amsterdam, 1990.

³² Korotenko, A., and Alkina, N., *Sovietskaya Psikhatriya – Zabluzhdeniya I Umysl*, Kiev, Sphera, 2002, and private conversations of the author with Dr. Korotenko. Other former Soviet psychiatrists confirmed this dilemma, see Van Voren, R. *On Dissidents and Madness*, Rodopi, 2009, pp. 168-171.

³³ Koppers, A., *A Biographical Dictionary*, pp. 97-8. The case of General Grigorenko is also of interest for the fact that he was arrested in Tashkent and initially psychiatrically examined by Prof. Detengov, who declared him to be of sane mind. He was then hastily flown to Moscow, hospitalized in the Serbski Institute and declared mentally ill.

and was praising his intellect, his concern for his family and his gentleman behavior. Her description of him very much fitted my own recollections of the man, yet the question apparently never crossed her mind why he had been hospitalized if he was such a wonderful person: she just obeyed orders, no questions asked. Undoubtedly, this counted for the majority of those who encountered political “patients” in their psychiatric departments.³⁴

Although there is ample evidence that the core group of psychiatrists that developed and implemented this system of psychiatric abuse knew very well what they were doing³⁵, for many Soviet psychiatrists the diagnosis of grandiose reformism as mental illness seemed very logical, because they could not otherwise explain to themselves why somebody would give up his career, family and happiness for an idea or conviction that was so different from what most people believed or forced themselves to believe. In a way, the plan was also very welcome, as it excluded the need to put difficult questions to oneself and one’s own behavior. And difficult questions could lead to difficult conclusions, which in turn could have caused problems with the authorities for the psychiatrist himself.

The onset of political psychiatry can probably best be seen as the result of a combination of factors that were only possible to mature under a totalitarian regime. The decision in 1950-1951 to give monopoly over psychiatry to the Pavlovian school of Professor Andrei Snezhnevsky was one crucial factor.³⁶ Andrei Snezhnevsky, who for almost forty years would dominate Soviet psychiatry, was, like so many others, formed by the political reality in which he lived. His role in the political abuse of psychiatry has been subject to much debate. Some consider him as one of the main architects of the political abuse, a cynical scientist who served the authorities and willingly developed a concept that could be used to declare political opponents of the

³⁴ The same bibliographical dictionary of A. Koppers lists over 150 institutions where these abuses took place.

³⁵ For instance, in 2001 Dr. Yakov Landau of the Serbski Institute said on Polish television that “the organs [KGB] burdened us with very responsible work (...) They expected us to do what they asked us to do, and we knew what they expected.” There are many of such indications that leading psychiatrists knew full well what they were involved in, see the description of Andrei Snezhnevsky in this chapter and Van Voren, Robert: *Cold War in Psychiatry*.

³⁶ On October 11-15, 1951, a joint session of the USSR Academy of Sciences and the USSR Academy of Medical Sciences met in compliance with an order of I. V. Stalin to institutionalize the theory of higher nervous activity of I. P. Pavlov. The session decreed that annual scientific conferences should be held to consider problems related to Pavlovian physiology. In response to this call, a year later a session of the Presidium of the Academy of Medical Sciences and the Board of the All-Union Society of Neuropathologists and Psychiatrists on the ‘Physiological Teachings of the Academician I. P. Pavlov on Psychiatry and Neuropathology’ was convened. A number of influential Soviet psychiatrists - V. A. Giliarovskii, M. O. Gurevich and A. S. Shmaryan — were condemned for adhering to anti-Marxist ideology and to psychiatric theories conceived by Western psychiatrists. The named psychiatrists acknowledged the correctness of the accusations, admitted their ‘errors’, and promised in the future to follow Pavlov’s teachings on psychiatry. The session’s Presidium urged the development of a “New Soviet Psychiatry” based upon experimental and clinical findings and consistent with the Pavlovian conceptualization of higher nervous activity, which considered psychiatric and neurotic syndromes in terms of the dynamic localization of the brain’s functions.

regime to be mentally ill. Others have defended Snezhnevsky, pointing out that he was not the only person who believed in the concept of “sluggish schizophrenia” and also claiming that his ideas were abused by a regime without his active involvement. However, Snezhnevsky himself participated in some examinations of dissidents, and thus he was not a mere bystander.

In the mid-1990s two psychiatrists who worked in his Research Center wrote an analysis, which at their own request was never published and remained in the archives of the Geneva Initiative on Psychiatry.³⁷ Fifteen years later the text is still of great interest, and provides a unique insight into Soviet psychiatry and the central role of Snezhnevsky. The authors, whose names are known to the author but who are kept anonymous for reasons of confidentiality, put the role and position of Snezhnevsky against the backdrop of a totalitarian Stalinist society, where each and every branch of society was dominated by one leader, one school, one leading force.

We assume that [Snezhnevsky’s school became the leading one] first of all because one or the other direction in Soviet psychiatry had to fulfil that role as a consequence of the general conditions [in society].

The authors describe Snezhnevsky as a competent scientist who avoided everything that could have a negative effect on his scientific work, yet also as a person who met all the requirements imposed by the state.

He was a talented scientist, whose goal in life was clearly to find the scientific truth, and at the same time he was an amoral politician, who made this same truth secondary to the demands of the authorities. (...) Such a submission was the price he had to pay for the leadership position of both himself and his school.³⁸

“We witnessed how with a sense of dependence and willingness to submit he talked with any official of the party apparatus,” the authors continue. “Therefore we are convinced that he was not an ideologist, not an architect of psychiatric repression. He was a submissive implementer of that policy and agreed to look the other way, because he preferred to do so and not leave to do some regular job. (...) Exactly that – scientific work – was the goal in the life of Snezhnevsky and for that he paid his share all his life. That is not something new. Already doctor Faust sold his soul to the devil; there were people before him, and after him. Snezhnevsky was one of them.”³⁹

As noted above, the key to the politicization of psychiatry was that Soviet society had become a centrally ruled totalitarian State. Everything, even hobby clubs and

³⁷ Initially the book, titled *Psychiatry, psychiatrists and society*, was to be published by Geneva Initiative on Psychiatry, but subsequently shelved because the authors had reason to believe that publication would be followed by repercussions that would affect their careers.

³⁸ *Psychiatry, psychiatrists and society* p. 96.

³⁹ *Psychiatry, psychiatrists and society* p. 97.

sports clubs, had been politicized and nothing was possible without the will and support of the Communist Party. The purges of the 1930s, 1940s and early 1950s, when suddenly in one night for instance all Esperantists in Leningrad would be arrested and another group or sector of society was targeted the next time, had made that perfectly clear. Doctors had to swear the Oath of the Soviet Doctor instead of the Hippocratic Oath, which made clear that the Soviet Doctor's ultimate responsibility was to the Communist Party, not to medical ethics.⁴⁰

According to the two anonymous Soviet psychiatrists mentioned earlier, "the main priority of the Soviet state was always itself. The interests of the individual were viewed as being secondary, and this general notion was reflected in many aspects [of psychiatric practice]. (...) The political abuse of psychiatry started much earlier than is generally assumed. It started when the State used the paternalistic tradition of Russian psychiatry and forced the psychiatrists to impose a certain way of life on their patients."⁴¹ For example, a doctor discharges a patient before treatment is actually completed, not because the patient can go home, but because otherwise the patient stays away from work too long. This negatively affects the statistical success-rate of the mental health institution, which in turn contravenes the "interests of the State".⁴² In another case, one of the authors describes receiving a phone call from the local Party organs, asking to postpone the discharge of a patient for two weeks "because we don't want to run the risk of having a Communist festivity disturbed". The authors conclude, it is very hard for a psychiatrist not to fulfil this seemingly innocent request.

Also the dissident psychiatrist and former political prisoner Dr Anatoly Koryagin mentions this pressure from judicial organs.

At the beginning of the 1960s, working as a young psychiatrist in Siberia, I personally experienced the kind of pressure that is exerted on doctors by the KGB, by the procuracy, and by officers of the Ministry of the Interior. Lawyers and officers of the Ministry tried to impress on me many times the nature of the psychiatric illness from which this or that person was supposedly suffering – and I was a psychiatrist! They assured me that to give a psychiatric examination to such a person was a tedious formality from their point of view. In each case, in order not to become a compliant party to the official organizations, I had to refuse categorically to make individual judgements, and to demand that these 'psychiatrically ill' people be examined by a medical panel or by a panel of forensic psychiatrists. (...) Many yielded to this pressure... and people were placed in psychiatric hospitals without a proper forensic psychiatric examination.⁴³

⁴⁰ The Oath of the Soviet Doctor was adopted by the Presidium of the Supreme Soviet of the USSR on March 26, 1971. *Vedemosti Verkhovnogo Soveta SSSR*, 1971, no. 13, p. 145.

⁴¹ The title of the manuscript is *Psychiatry, psychiatrists and society*, and both authors are known to me. The quote here is from p. 38.

⁴² *Psychiatry, psychiatrists and society*, p. 38.

⁴³ Koryagin, A.: *The involvement of Soviet psychiatry in the persecution of Dissenters*. *British Journal of Psychiatry*, vol. 154, 1989 p. 336.

Soviet psychiatrists had little chance to escape the all-pervasive control by the Communist Party and its organs because of their three-fold dependency on the Soviet state: scientifically, because their research work depended on their allegiance to the Soviet authorities; politically, because they had to organize their professional life and interact with authorities so as not to lose their support; and economically, as private practice did not exist and they were all employees of the State.⁴⁴ People in leadership positions did not only need to be successful in leadership: “that success... depended on other conditions; those who were able to maintain the necessary interactions with the authorities had the biggest chance of making a career. For that they had to fulfill a multitude of requirements. Next to specific personal qualities that were necessary to be able to maintain contacts with specific party officials, there were also other demands, in particular having an obedient character.”⁴⁵

Another factor that helped to impose political abuse of psychiatry on the psychiatric community and root out potential opposition was the fact that ‘for many years there was an unchangeable yet informal hierarchy of mental health institutions. This looked more or less as follows: the highest step on the ladder formed the scientific research institutes, then the psychiatric faculties, then Moscow and Leningrad psychiatric hospitals, then oblast and city psychiatric hospitals, then oblast and city outpatient clinics and, at the lowest step, came the regional psycho-neurological outpatient clinics and cabinets. If a doctor who worked in a dispenser would change a diagnosis, it was usually considered as an “attack” on the institution that was higher up on the hierarchical ladder. Because for many years, a diagnosis established by a “higher institution” was obligatory to follow by a “lower institution” ‘.⁴⁶ In other words, if the Serbski Institute in Moscow declared a dissident to be mentally ill, no lower-placed psychiatrist would dare to go against it.

The authors conclude:

As a result traditional Russian paternalism combined with the traditions of Soviet bureaucracy caused a deep conflict between society and psychiatric services: patients in psychiatric institutions changed into a formal social group that was subject to discrimination; many principles of professional ethics became distorted; the stimuli to improve the professional level of psychiatrists were to a large degree lost.⁴⁷

And finally, one should not forget that the Soviet Union had become a closed society, a society that was cut off from the rest of the world. World psychiatric literature was unavailable, except to the politically correct psychiatric elite. “Western psychiatric literature became rare: the number of periodicals that came was limited

⁴⁴ *Psychiatry, psychiatrists and society*, p. 86.

⁴⁵ *Psychiatry, psychiatrists and society*, p. 87.

⁴⁶ *Psychiatry, psychiatrists and society*, pp. 41-42.

⁴⁷ *Psychiatry, psychiatrists and society*, p. 43.

and a large part wound up in the “special holdings” (*spetskhran*) of the Lenin library [in Moscow] and were impossible to get access to.”⁴⁸ The power of the Party seemed endless, whether one believed in their ideals or not. And thus any person who decided to voice dissent openly ran a high risk of being considered mentally ill.

Dr Koryagin, who served six years out of a total sentence of fourteen years of camp and exile for having been a member of a “Working Commission to Investigate the Political Abuse of Psychiatry”, examined seventeen victims or potential victims of political psychiatry. His diagnoses were used by the (potential) victims as a defense against being declared insane, or as a means to show the outside world that a hospitalized dissident had been incarcerated for non-medical reasons. On basis of his sample, Koryagin came to the interesting conclusion that the length of hospitalization seemed to correspond to the length of the sentence a political prisoner otherwise would have got. In other words, a political prisoner charged with “slandering the Soviet state” usually stayed hospitalized for about three years (the maximum term under that article of the USSR Criminal Code) while a person accused of anti-Soviet agitation and propaganda usually stayed in for much longer, seven years or more (again the maximum sentence under that article). Cynically, one could say that the more crazy a person was, the more serious his damage to the Soviet state!”⁴⁹

Robert van Voren

PSICHIATRIJA KAIP PRIESPAUDOS ĮRANKIS, TAIKYTAS SOVIETŲ SAJUNGOS DISIDENTAMS
S a n t r a u k a

Daugiau nei 40 metų politinio piktnaudžiavimo psichiatrija Sovietų Sąjungoje klausimas gyvavo pasaulio psichiatrių bendrijos darbotvarkėje. Viena vertus, šis klausimas kėlė piktus ginčus, ant-
ra vertus, jis skatino tebesitęsiančias diskusijas apie žmogaus teises ir profesinę etiką. Politinis piktnaudžiavimas psichiatrija Sovietų Sąjungoje pradėtas naudoti kaip kitaminčių represavimo priemonė praėjusio šimtmečio penktojo dešimtmečio pabaigoje. Autorius analizuoja priežastis, kada ir kodėl sovietų pareigūnai nutarė naudoti psichiatriją kaip spaudos priemonę, kas iš sovietų pusės buvo atsakingi už šios praktikos įgyvendinimą ir kaip aštuntajame dešimtmetyje ji tapo vienu iš pagrindinių represijos įrankių. Straipsnis aprašo, kaip politinis piktnaudžiavimas plėtojosi, kaip į tai reagavo Vakarų psichiatrių asociacijos ir kaip šiam klausimui vis labiau dominuojant Pasaulio psichiatrių asociacijoje Sovietų Sąjungos psichiatrių ir neuropatologų sąjunga 1983 m. pradžioje nusprendė išstoti iš Pasaulio psichiatrių asociacijos, į kurią grįžo tik 1989 m.

Politinį piktnaudžiavimą psichiatrija apima neleistiną psichiatriinį diagnozavimą, gydymą ir sulaikymą tam, kad būtų trukdoma pavieniems asmenims ar visuomenės grupėms naudotis savo pagrindinėmis žmogaus teisėmis. Tokia praktika būdinga šalims, valdomoms totalitarinių režimų,

⁴⁸ *Psychiatry, psychiatrists and society*, p. 58.

⁴⁹ See Koryagin, A, *Unwilling Patients*, in Van Voren, R. (ed.), *Koryagin: A Man Struggling for Human Dignity*, Amsterdam, IAPUP, 1987, pp.43-50. A very interesting book on the origins and scope of political abuse of psychiatry in the Soviet Union is Korotenko, A., and Alkina, N., *Sovietskaya Psikhatriya – Zabluzhdeniya I Umysl*, Kiev, Sphera, 2002.

kurie, pažeisdami savo politinių oponentų žmogaus teises, šitai dažnai slepia po psichiatrinio gydymo skraiste. Bet ir demokratinėse šalyse žmonės, atkreipiantys dėmesį į didelių korporacijų neviešai daromus neteisėtus veiksmus, kartais tampa politinio piktnaudžiavimo psichiatrija aukomis.

Totalitarinėse valstybėse aukos paprastai yra tie, kurie politikos ar etikos sumetimais priešinas valstybės primestiems suvaržymams, reiškia religinius įsitikinimus, kuria kitas nepriklausomas grupes ar bando organizuoti profesines sąjungas. O demokratinėse valstybėse kai kurie individai baudžiami netiesiogiai, kai jie atskleidžia tuos vyriausybės veiksmus, kurie, jų manymu, prieštarauja visuomenės interesams.

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