

**DEBATES WITHIN THE WESTERN SCIENTIFIC COMMUNITY
ON REPRESSIVE PSYCHIATRIC PRACTICES IN THE USSR
FROM THE 1960s TO THE 1980s**

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Abstract

This thesis concentrates on debates within the Western psychiatric community about the abuse of psychiatry in the USSR, in order to show how the opinion of a distinct subset of the Western public was shaped not only by the conditions of the Cold War, but also by their professional engagement and the desire to influence their Soviet colleagues to put an end to these abuses. The chronological scope of the problem is from the 1960s to the 1980s.

The World Congresses of Psychiatry became one of main venues stage for these debates, and remained the most official one. The main focuses for Western psychiatrists were the questions of the violation of professional ethics by Soviet colleagues, the sociocultural and political environment in the USSR as the basis for creating the Soviet type of psychiatrist, and the system of diagnosis of mental diseases that was applied to Soviet dissenters. At the same time, Western psychiatric activities in the form of appeals and various campaigns to free dissenters in the USSR are discussed as well.

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INTRODUCTION

The system of repression by the Soviet Union included different methods to suppress the forms of dissent. After Stalin's death in 1953 there were several changes in the legislation that led to reorganization of the GULAG. However, as early as the 1960s new methods of repression were invented against *inakomysliachshie*. The Soviet authorities resorted to applying repressive psychiatric methods against nonconformists, such as special treatments at mental hospitals, which was a compulsory treatment for detainees with alternative political, social or religious views.¹ On the one hand, the Soviet authorities wanted to avoid open trials not to have unnecessary publicity, and, on the other hand, to present freethinkers' views as mentally ill ones to the public. Yet there could be one more reason – the authorities could have been sincerely convinced that dissent in communist society was a sign of psychiatric disease.

At the same time, the total control over the media in the USSR closed any possibility of making this information available inside the country. Therefore, the West became the main recipient of requests for assistance from Soviet dissenters and other nonconformists in helping to stop repression there. Among those to whom these requests were addressed were Western physicians, mainly psychiatrists. Protesters asked physicians to evaluate the situation from the medical point of view and confirm the illegality of actions by the Soviet psychiatrists. They asked medics to give this issue wider publicity, especially at the World Congresses of Psychiatry. Furthermore, Western physicians themselves were interested in this phenomenon in the USSR. They were involved in public debates on Soviet psychiatric abuses which were defined not only by Cold War rhetoric, but also by their professional engagement and the desire

¹ Medicine Betrayed: The Participation of Doctors in Human Rights Abuses: Report of a Working Party by British Medical Association (Dec. 1992).

to help dissidents to stop such malpractice. While in the 1960s they had been reluctant to discuss this question, by the 1970s the situation had changed radically. More and more cases of abuse had come to light, the active appeals of dissenters and the increasing disclosure of the problem in the Western public discourse did not allow them to remain silent. Foreign scholars raised this question at the pages of scientific journals, mainly medical and psychiatric in particular, at the World Congresses of Psychiatry, in speeches on foreign radio, and in the Western press. At the same time, medical opinions in such discussions were not always identical and provided different explanations of the phenomenon of Soviet punitive psychiatry. The Cold War conditions, the way of life in the USSR, the traditions of Soviet science itself, and the positive attitude to many of Soviet colleagues as physicians of high rank played a certain role there and influenced foreign medics.

The scope of my research is largely limited to the Brezhnev period. There are some known cases of punitive psychiatry in the USSR even from the interwar period, but they are rare and there is not enough solid information to deal with them. Only in the 1960s did this kind of repressive practice become a state policy actively formalized in the Soviet punitive apparatus, with an increasing number of cases of abuse. During this period information about these cases managed to get through to the West via different channels and aroused attention from the Western medical community. They started to discuss the issue actively. At the same time, their activity regarding the problem was limited not only to debates. Public appeals, open letters to the Soviet authorities, and campaigns, often international, to release political inmates from mental hospitals became one more manifestation of their attitude to the political psychiatry in the USSR.

It should be noted that such a method for dealing with dissent in the USSR became a part of a conscious state policy which was included in the repressive activities of the Soviet

punitive apparatus, with an ever greater number of cases being reported. At this particular time, information was beginning to filter through in various ways to the West. There were already discussions about concerns in relation to this and greater attention was given to the understanding of this phenomenon by Western medics.

With the arrival of Mikhail Gorbachev the state policy in the country changed dramatically and a course was adopted for the termination of all forms of repression. The reforms of the *perestroika* period raised hopes of putting a stop to the systematic abuse of psychiatry for political purposes.² Nevertheless, foreign experts continued to be concerned with the issue and discuss the matter, unconvinced about the full eradication of psychiatric misuse from Soviet medical practice.

This thesis will consequently concentrate on debates within the Western psychiatric community on the abuse of psychiatry in the USSR, in order to show how the opinion of a distinct subset of the Western public was shaped not only by the conditions of the Cold War, but also by their professional engagement and desire to influence their Soviet colleagues to put an end to these abuses.

In the first chapter I will devote attention to the World Psychiatric Association as the main international body in the field of psychiatry, and describe its position regarding Soviet psychiatric abuses. My special interest relates to the major regular event hosted by the WPA, the World Congress of Psychiatry. This occasion became the main stage for discussion of political psychiatry in the USSR by the Western scientific community, and served as a litmus test of their attitude toward the problem. At the same time, I will try to trace the pitfalls of the

² Hara Kouki and Eduardo Romanos, "Human Rights as a Transitional Vocabulary of Protest. Campaigning against the Political Abuse of Psychiatry in the Soviet Union." In *Protest Beyond Borders: Contentious Politics in Europe since 1945*, ed. Hara Kouki and Eduardo Romanos, 51., Brghabn Books, 2013.

problem and their influence on WPA decisions in this question during the period. The historical background on development of Soviet psychiatry will be provided.

Continuing with this analysis of the Western medical community, in the second chapter I will concentrate on the debates, arguments and concerns connected with Soviet repressive psychiatry in more details. The main topics included issues related to the violation of medical ethics by Soviet colleagues, the sociopolitical environment in the USSR, and Soviet diagnostic system on mental diseases as the ground for applying repressive psychiatry.

The third chapter will show the Western psychiatrists' activities regarding medical abuses in the USSR outside the World Congresses of Psychiatry. These activities were the result of discussions among physicians and the direct manifestation of their active position on this issue. The latter included such real steps as appeals to the Soviet authorities and the organization of various campaigns to help the dissenters incarcerated in mental hospitals or to release activists who supported them and were punished with imprisonment. At the same time, I will trace whether these activities had any impact or effectiveness in the termination of psychiatric abuses in the Soviet Union.

Critical review of literature

The question of the elaboration of proposed topic on debates within the Western scientific community on repressive psychiatric practices in the USSR is quite complicated. At the time when the source base is constantly expanding (in scientific publications, the proceedings of the World Congresses of Psychiatry, foreign radio programs, press), there are not many profound historical analysis of this issue. The existing literature provides few in-depth researches on Western scholarly debates concerning Soviet medical malpractices.

One of the contributions on the topic is by Dutch researcher Robert van Voren. From 1977 he became involved in the Soviet human rights movement and was one of the founding members of the International Association on the Political Use of Psychiatry (since 2005 Global Initiative on Psychiatry). My main interest consists on recent (during the last decade) works by Robert van Voren and their attention to Soviet psychiatric abuses with particular focus on the World Psychiatric Association and its treatment of the problem.³ The special value of these surveys is in their investigation of pitfalls and milestones, mainly Cold War conditions, which had an impact on Western psychiatrists, and the Western Psychiatric Association in particular, their attitude during the period and personal involvement and experience in this field.

Works by Peter Reddaway and Sidney Bloch, who have coauthored several books,⁴ as well as separate articles on repressive psychiatry in the USSR, have attracted my interest, too. Peter Reddaway, an English Sovietologist, was one of most respected scholars in the West during the 1970s, a man who not only elaborated on the topic of Soviet political psychiatry, but participated actively in the defense of human rights in the USSR. Sidney Bloch, a professor of psychiatry, likewise sought to understand the phenomenon of Soviet psychiatric malpractice for political aims, joined the debates on this issue during the 1970s and started to research the theme very actively. Working together with Peter Reddaway, he was responsible mainly for the analysis of the psychiatric part of problem, while Reddaway accounted for the sociopolitical framework. It should be noticed that the Iron Curtain hindered their ability to access official sources for their research, forcing them to rely mainly on samizdat materials and the testimonies of émigrés. Their personal experience added much to their surveys. I would like to

³Robert Van Voren. *Cold War in psychiatry: Soviet political abuse of psychiatry and the World Psychiatric Association (WPA)*. (Kaunas: Vytautas Magnus University 2010); Robert Van Voren. *O dissidentakh i bezumii*, [On Dissent and Madness], (Kiev: Izdatelskii dom Dmitria Buraho, 2012).

⁴Sidney Bloch and Peter Reddaway. *Psychiatric terror: how Soviet psychiatry is used to suppress dissent*. (New York: Basic Books, 1977); Sidney Bloch and Peter Reddaway. *Soviet Psychiatric Abuse: The Shadow over World Psychiatry*. (Boulder, Colo: Westview Press, 1985).

stress that as these works are considered to be authoritative. I will strive to achieve here my critical historical position.

Among other noticeable contributions to the investigation of the problem is a survey by a Greek historian Hara Kouki on the human rights movement's campaign against the political abuse of psychiatry in the USSR.⁵ She touches the debates among Western psychiatrists as well. An important complement to the topic are works by American psychiatrist Harvey Fireside and former Soviet psychiatrists Tatiana Dmitrieva, Ada Korotenko, and Nataliia Alikina. Despite the fact that they did not pay special attention to the issue of Western scientific debates on political psychiatry, they elaborated the topic in general.

At the same time, taking into consideration that the problem of psychiatric misuses on behalf of the state evoked strong discussions within the Western medical community on the question of the violation of medical ethics and Hippocratic Oath, it seems to be appropriate to involve further literature on this issue. Moreover, many works treating medical ethics, and especially psychiatry, use the Soviet case as a shining example of ethics violations. We will make use of some of these in what follows. However, the picture would not be complete without appealing to surveys on the Cold War itself, the dissident movement in the USSR, and the development of psychiatry both in the West and the USSR during this period.

Given the shortcomings in the existing literature and the challenges related to close reading of the Western scholarly debates concerning Soviet medical malpractice, my research plan offers much hope for filling this gap and proposes additional insights into the theme.

⁵Hara Kouki and Eduardo Romanos, "Human Rights as a Transitional Vocabulary of Protest. Campaigning against the Political Abuse of Psychiatry in the Soviet Union." In *Protest Beyond Borders: Contentious Politics in Europe since 1945*, ed. Hara Kouki and Eduardo Romanos, 49-66, Brghabn Books, 2013.

Sources

As a theoretical framework for this study, I will draw on relevant ideas from social and human rights movements, but also works by medical professionals. The various sources used will require the applying of different approaches. The first group of sources consists of specialized medical, especially psychiatric, journals that became an important platform for discussing the issue of political psychiatry in addition to the WPA Congresses. The issue was the availability of sources through public institutions (including libraries, archives) and through electronic databases, particularly JSTOR. Search results showed mostly American and British publications. This consists of articles which debate the Soviet psychiatric question mainly in the 1970s-1980s as well as those in the period of the post-Soviet collapse, dedicated to the evaluation of debates in the previous decades. Among them are the British journals, *The Psychiatric Bulletin*, *The British Journal of Psychiatry*, and *Journal of Medical Ethics*; the American *Journal of the American Academy of Psychiatry and the Law*, and *Milbank Quarterly*.

The next part of sources is taken from the Prague-based Russian service of Radio Free Europe/Radio Liberty Archive. There are audio tapes with programs devoted to the topic, mainly from the 1970s and the beginning of the 1980s. Foreign radio broadcasting, particularly Radio Liberty (along with American Voice, BBC, Deutsche Welle and others) became another forum for spreading scholarly voice on this matter for both Western psychiatrists and their émigré Soviet colleagues who refused to violate their profession standards on behalf of the state. Notwithstanding the fact that RL targeted the Soviet audience and was a powerful Western tool for combating the Soviet regime, these kinds of sources are sufficiently informative. On the one hand, its anti-Soviet direction was the main reason they tried to give its listeners the most complete information on abuses in the USSR, where the question of political psychiatry was of high importance. These performances and comments on this issue by Western

psychiatric specialists provided such programs with more credibility. On the other hand, it is a unique opportunity to listen “live” to some Western psychiatrists. The repetitions, emotions, and intonations of concrete persons are things which can be transmitted only through audio records. The methods of oral and social history are applicable there.

The third important source of data on Western scientific debates on Soviet malpractices is available in the Open Society Archives (Budapest, Hungary), especially its archival documentation dedicated to *Communism, Cold War and After, and Human Rights Violations*. It includes *samizdat* materials, newspaper clippings, correspondences, the transcripts of RL programs and other data foreign psychiatrists’ opinion regarding the issue.

Taking into account the fact that the present problem relates to a human factor directly and appeals to concrete persons from both sides, a case study, which touches on social history, could be one more applicable technique.

Finally, it seems relevant to put the issue of Western medical debates on political psychiatry for dealing with dissent in the USSR in the context not only of the history of medicine and the history of science, particularly in Cold War period, but in the context of the history of human rights movement both in the West and in the Soviet Union as well. Even more, the representatives of science could be involved in public discourse in the media on acute topics, especially political, or be guided by personal interest in it. One more aspect of high importance here is the level of state influence on them to be involved in such a discourse.⁶

⁶ Reflections are based in part on article by Audra J. Wolfe. What Does It Mean to Go Public? The American Response to Lysenkoism, Reconsidered. *Historical Studies in the Natural Sciences*, Vol. 40, (Winter 2010), 48-78.

CHAPTER 1: The World Psychiatric Association and Its Position Regarding Soviet Psychiatric Abuse

The question about the World Psychiatric Association's attitude to using psychiatry for non-medical purposes, in particular for political ones, is one of the key issues which is of special importance in this study. Robert van Voren, the scholar and human rights activist, who actively participated in the movement against psychiatric abuse in the USSR, pointed out that this problem was a focal one for the international community of psychiatrists during four decades.⁷ One of the results for such close attention to the issue became the extensive debates not only on medical ethics, but on human rights as well.⁸

The WPA became one of the main centers for medical specialists to discuss the issue. Even more, the organization represented, or tried to represent, the official position of the international psychiatric community. At the same time, the members of the WPA, national organizations and individual participants, belonged to two Cold War blocs – the West and the East. Their scholarly activities may have depended on political factors. As a result, these contradictions, mainly of political nature, within the world psychiatric community, led to a deep division between them regarding misuse of psychiatry in the USSR.⁹ One group of WPA members stood for and supported serious measures against Soviet psychiatrists. Their arguments were based on moral reasoning and medical ethics, taking into account political considerations.¹⁰ Another group included those who did not support such an approach, based mainly on a political agenda and considering it rather inappropriate because it promoted the

⁷ Robert van Voren, *Cold War in Psychiatry*, 7.

⁸ *Ibid.*

⁹ Robert van Voren, *Cold War in Psychiatry*, 21.

¹⁰ *Ibid.*

exclusion of a large group of Soviet psychiatrists, who maybe were not involved in abuses, from participation in the international communication.¹¹

In the present chapter I will try to investigate the position of the WPA on punitive psychiatry in the USSR and its changes during the 1970s-1980s. My special attention will be devoted to the analyses of one of the major events in WPA activities – the World Congress of Psychiatry – held every five-six years. This scientific gathering was concentrated not only on the achievements of WPA participants during the interim period, but became the stage for raising urgent questions in the psychiatric field and dealing with them. As it was mentioned above, the problem of abuses in psychiatry by Soviet colleagues was a crucial one at that time. So, the Congresses of 1971, 1977, 1983, and 1989 will be under discussion. Yet the aim is to draw a general line in WPA's behavior and their pitfalls. A more detailed account on the views of psychiatric associations and its particular members, whose positions and attitudes to the WPA's official line regarding debates on Soviet malpractices did not always coincide, will be provided in the next chapter.

Talking about foreign physicians as medical specialists to whom Soviet dissidents often appealed asking help in stopping psychiatric abuses in the USSR, we should keep in mind the specificity of their work. To give professional and qualified evaluation of the problem they needed accurate and solid data about the mental health status of people who claimed that they were victims of political psychiatry in the Soviet Union. To do that would be possible with proper medical documentation such as a story of disease, a forensic psychiatric examination, the list of prescribed medicines, and even a personal interview with a patient. Yet it is obvious that being divided by the Iron Curtain and living in the conditions of Cold War relations

¹¹ Robert van Voren, *Cold War in Psychiatry*, 21.

between Western and Eastern blocks foreign psychiatrists had almost no access to such information. Therefore, there was the necessity to get it from other, alternative, sources.

In 1970 Western physicians got their first great opportunity, and a rare one, to research a large array of medical documents which gave direct clues of Soviet psychiatric abuse. Then famous Soviet dissident Vladimir Bukovsky sent 150 pages of documentation on abuses of psychiatry in the USSR to Western psychiatrists. They included the exact copies of the official forensic psychiatric reports on several Soviet political inmates and their clinical assessments that could help foreign physicians to understand peculiarities of Soviet repressive psychiatry.¹² As Sidney Bloch and Peter Reddaway noticed, these materials were more informative and useful than all previous ones.¹³

Yet the WPA, the organization which Bukovsky had hoped would take into account these documents, kept silent. At the same time, the response was from the British psychiatrists who agreed that psychiatry in the USSR was used for non-medical purpose, too: “It seems to us that diagnoses on the six people were made purely in consequence of actions in which they were exercising fundamental freedoms...”¹⁴ Actually, the British psychiatric community was the first to propose giving this documentation more light at the World Congress of the WPA in Mexico in 1971. The Human Rights Committee in the USSR joined to this proposition, too. Among its members were such famous human rights activists as Andrei Sakharov, Andrei Tverdokhlebov, Valerii Chalidze, and Igor Shavarevich. They said:

Our century has seen the terrible consequences which can lead the misuse of science and its credibility. It is still not too late to do everything that we can for preventing repeat of that. We are dealing with the danger which threatens all mankind and to prevent it is possible only by the efforts of all humankind,

¹² Peter Reddaway, Sidney Bloch. *Psychiatric terror*, 79.

¹³ Ibid.

¹⁴ Robert van Voren, *Cold War in Psychiatry*, 86.

in particular by scientists around the world. The problem has many aspects. However, it is evident how much depends on psychiatrists, their respect for human rights, their responsibility for all practical applications which may have their science.¹⁵

Although the President of the Congress stated about his concern in its issue and claimed that “to keep silent about such an ignominious situation would weigh heavily on our conscience,”¹⁶ there was no concrete result. The WPA General Secretary Denis Leigh stated then that “the WPA is under no obligation to accept complaints from one member society directed against another member society.”¹⁷ Actually, WPA reaction after the Congress was limited to an open letter signed by individual delegates of the congress to the chairman of the Presidium of the USSR Supreme Council Podgorny. This letter condemned the Soviet practice of incarceration dissenters in mental hospitals. The signatories demanded the release of Vladimir Bukovsky, who was jailed after it became known that he had sent documents to the West, and they requested access to the International Commission to examine Soviet psychiatric hospitals.¹⁸

Bloch and Reddaway point out that after the Mexico Congress the Soviets developed a very effective tactic to combat their enemies. They continued to abuse psychiatry, but applied different manipulative tactics to force Western psychiatrists to maintain a neutral position in this question.¹⁹

Robert van Voren stresses that time between the Congress of 1971 and of 1977 many national associations stated about their desire to raise the question for discussion, but it was only about words. From the WPA side there were no real attempts to deal with this matter. At

¹⁵ RFE/RL, Shyurkhholtz, *Obrashchenie Komiteta prav cheloveka* [Appeal of Human Rights Committee], LD 120171.

¹⁶ Sydney Bloch, Peter Reddaway. *Soviet Psychiatric Abuse*, 43.

¹⁷ Robert van Voren. *Cold War in Psychiatry*, 86.

¹⁸ RFE/RL, *Vsemirnyi kongress psikiatrov v Meksike* [World Congress of Psychiatry in Mexico], RS 120371.

¹⁹ Sidney Bloch, Peter Reddaway. *Soviet psychiatric abuse*, 43.

the same time, the top representatives of the WPA continued to stay in touch with those Soviet physicians who participated directly in applying repressive psychiatry to freethinkers.²⁰

1973 became a turning point in the treatment of the problem. The cases of Soviet psychiatrist Semyon Gluzman, who was persecuted for 10 years because of his unofficial independent psychiatric examination of famous human rights defender General Pyotr Grigorenko, in which Gluzman showed the falsification of the official state examination.²¹ One more respected person, Andrei Sakharov, joined to the protest and demanded help from the West to stop using psychiatry in political cases influenced situation too.²²

Both unethical and offensive actions of the Soviet society of psychiatrists and neutral position of the WPA regarding this issue pushed WPA members to be more active in the middle of the 1970s.²³ In addition to these factors were some important factors too. For example, 1970s became a period of deep interest among Western scientists to Soviet freethinkers. A historian Jaroslaw Bilocerkowycz points out three more factors which contributed to this process: the active circulating of uncensored manuscripts (*samizdat*), the appearance in the West of émigré from famous dissenters, and the raising of human rights question since the Carter presidency and adoption of the Helsinki Accords in 1975.²⁴

One more crucial event became the international campaign to release famous human rights activist Leonid Plyushch. He was jailed in an asylum because of his anti-Soviet activity. Bloch and Reddaway consider that a campaign undertaken to free him, its success, and “Plyushch’s horrifying and persuasive testimony” proved several important things. In

²⁰ Robert van Voren. *Cold War in Psychiatry*, 87.

²¹ Sidney Bloch, Peter Reddaway, 43.

²² Ibid.

²³ Ibid.

²⁴ Bilocerkowycz Jaroslaw. *Soviet Ukrainian Dissent: A Study of Political Alienation* (Boulder: Westview Press, 1988), 3.

particular, it showed that repressive psychiatry in the USSR really existed (for those who still did not believe), the cruelty of such phenomenon, and, what was decisive, that the West could be an effective actor in this problem and influence the USSR to terminate such malpractice in psychiatry.²⁵

The main initiative to target the issue promoted British and American physicians. In 1973 the British Psychiatric Association came to the decision to demand from the WPA the official condemnation of those Soviet colleagues who were involved in the violation of medical profession. This decision was supported by the American Psychiatric Association very soon.²⁶ Actually, it was already clear in 1973 that the theme was going to be main at the upcoming WPA Congress in Honolulu in 1977.

When the first steps were made by the British and American Associations, other Western national bodies joined them. Due to the great support of the Western psychiatric community the abusive psychiatric practice in the USSR was officially condemned by the World Psychiatric Association. Even more, it was agreed to establish a special body – a review committee – to investigating the problem of applying psychiatry for dealing with dissent.²⁷ Psychiatrist Sidney Bloch, a participant in the Congress, told his colleagues before the vote that this was going to be an historic occasion and that it was the first time they were able to deal with the most important issues that faced them.²⁸ It was really an event of great importance, as it became the first time when the WPA and the Soviets interrelations could not be any more a decisive factor in the WPA decisions. Moreover, Soviet tactics how to combat their critics became now not so effective as before.

²⁵ Sidney Bloch, Peter Reddaway. Soviet psychiatric abuse, 44.

²⁶ Robert van Voren. Cold War in Psychiatry, 87.

²⁷ "Soviet Psychiatric Practices Criticized," *Science News*, Vol. 112, No. 11 (Sep. 10, 1977): 165.

²⁸ Ibid.

Finally, a resolution as British initiative against “the systematic abuse of psychiatry for political purposes in the USSR” was voted.²⁹ English psychiatrist Harold Merskey, one more participant of that Congress, commenting on voting for the British resolution, said that the ballots were secret. However, from the views expressed by delegates it was clear that “the votes of the English speaking world together with those of a few Continental-European, Latin-American and Oriental member societies” were enough to take more than the East European votes. Especially if take into consideration, as Merskey noticed, that they were combined with “those of most or all of the Scandinavian societies and some other European, Latin-American, African and Oriental societies.”³⁰ Trying to explain the results, Merskey stressed on such milestones in relations between countries mutual interest in political, military or economic spheres.³¹ It is obvious that Merskey alluded to the division of the world into Western and Eastern blocs and that its interconnections much influenced the situation.

As Bloch and Reddaway write, the adopted decisions became a prehistory to “a stormy six-year period” in world psychiatry which reached its apogee in the resignation of the Soviet psychiatric society in January 1983.³² Robert van Voren points out that the world psychiatric community faced the “highly complex dilemma at that time.”³³ It was based on question about further participation of the Soviets as the member of the World Psychiatric Association.

The Soviet association slightly simplified WPA life in this complex issue. The Soviet All-Union Society of Neuropathologists and Psychiatrists (AUSNP) left the WPA in January 1983, when it became obvious that otherwise they would be expelled at the upcoming WPA

²⁹ Harvey Fireside. *Soviet Psychoprisoners* (New York: Norton, 1979), 1.

³⁰ Harold Merskey, “Political neutrality and international cooperation in medicine,” *Journal of Medical Ethics*, 1978 (4): 75.

³¹ *Ibid.*

³² Sydney Bloch, Peter Reddaway. *Soviet Psychiatric Abuse*, 44.

³³ Robert van Voren. *Cold War in Psychiatry*, 13

Congress. As Robert van Voren claims, several other socialist psychiatric societies followed the Soviets while other societies only frightened to leave.³⁴

The period between the two Congresses of 1983 and of 1989 became very important in many questions. The Soviets resigned, but the problem of Soviet psychiatric abuses for political reasons still existed and targeted the activity of the WPA and national psychiatric societies and its particular members. Extensive debates took place.

As van Voren claims, in the second half of the 1980s also the US State Department became directly involved in relations between the WPA and the Soviets. He considers that it could happen because a constant flow of evidence about repressive psychiatry was moving to the West. It could be “an obstacle to détente.”³⁵ The agreement between the Soviet Foreign Ministry and the US State Department had an important role on the result of this situation. At the same time, the role of human rights strictures prepared the base for future eradication problem in the USSR.³⁶

Robert van Voren writes that during 1983-1989 part of the leadership of the WPA strove to return the Soviet association to the organization, but some Western psychiatric bodies and the International Association on the Political Use of Psychiatry resisted it very much.³⁷ For instance, Costas Stefanis, the President of the WPA at that time, saw it as his main task “to turn the WPA into a truly global organization again.”³⁸ At a meeting of the Executive Committee in Rome in October 1984 he declared: “the association must be willing to deal with these

³⁴ Ibid, 36.

³⁵ Ibid, 88.

³⁶ Ibid, 37.

³⁷ Robert van Voren, *Cold War in Psychiatry*, 110.

³⁸ Ibid.

problems if it were to stay alive and keep the *W* before the *PA*.”³⁹ Robert van Voren claims that all other issues had a secondary importance for him. To support such a statement he quotes Stefanis:

In order to accomplish its goals however, it has to be a truly global organization, representing psychiatrists from all countries, from all cultures and from all schools of thought. It has to develop within the framework of its founding principles and to become a meeting place where scientific knowledge is shared. (...) Common sense only is required to apprehend that unless we all join forces in a an effort to disentangle the association from the grip of political prejudice and restore its image as a truly scientific and professional organization, all our attempts are doomed to failure.⁴⁰

Actually, Stefanis’s task was implemented a little bit later. Both changes in the USSR with Gorbachev’s arrival and changes in the Cold War politics helped to do it in 1989. They returned, but under strict conditions to do as much as possible to terminate the problem.

The Soviets were striving to be readmitted to “establish their scientific respectability in the eyes of the world.”⁴¹ Yet British and American psychiatric associations were aware of this turn. They did not believe that any changes in Soviet psychiatry were possible. The decision to readmit was done only under strict conditions to all possible to free Soviet psychiatry from its repressive practices.

To sum up, during the 1970s-80s the problem of applying psychiatry for dealing with dissent in the USSR became one of the acute and complicated question in the World Psychiatric Association’s activity. It is clearly seen on the World Congress of Psychiatry example, the main scientific event of the organization, and the periods between its holding that the issue of political psychiatry had a leading matter there. Yet this international structure was much dependent on the Cold War reality and tried to avoid clashes inside the body, especially with

³⁹ Ibid, 110.

⁴⁰ Ibid, 111.

⁴¹ Ibid.

one of its biggest and key members, and especially in the political question, – with the Soviet All-Union Society of Neuropathologists and Psychiatrists. At the same time, the existing bipolarity in views, on the one hand, between representatives of Western and Eastern blocs regarding Soviet psychiatric malpractice, again through Cold War conditions, and, on the other hand, between the WPA itself and some of its members, whose position was different from the WPA's main line, took its place, too.

Yet during four Congresses which were held in 1971, 1977, 1983, and 1989 and the pressures inside and outside, the WPA's position changed dramatically. From even not including the problem in the agenda in 1971 to the real opportunity to exclude it from the organization because of their abuses in 1983, and the readmission in 1989. As seen, while the WPA tried not to take the initiative in investigating the issue, some of its members, mainly British and American, did that. Their reasons were not necessary political, the question of the respect to the profession and the desire not to offend medical ethics had a decisive role there as well.

CHAPTER 2: Questions for Discussions within the Western Scientific Community on Soviet Psychiatric Abuse

The problem of psychiatric repression in the USSR developed gradually, encompassing and revealing various aspects of the problem. More and more new evidence of abuse appeared in the West, with recent émigrés from the Soviet Union providing much of the information. The political situation was developing and new realities of the Cold War influenced the position of Western psychiatrists as well.

Yet it was more than émigré politics and rumors of distant scandal that shaped Western perceptions, because the scientific community in Europe and the United States was already taking a growing interest in Soviet psychiatry itself. As Robert van Voren noted, the experience of using psychiatric practices for dealing with dissent in the USSR has a unique character, ‘because it strongly influenced the concept of medical ethics and its application internationally.’⁴² In expressing their attitude toward the use of psychiatry for combating dissent in the USSR, Western physicians were simultaneously trying to understand the essential aspects of this phenomenon as filtered by a Soviet reality mostly obscured to them by the Iron Curtain.

The personal factor was of great importance here. The most active critics of Soviet psychiatric abuses were speaking on their own behalf, rather than representing a national professional body, and their position did not always coincide with mainstream psychiatric organizations. Potential formal settings for debate were also limited – the Congress of the World Psychiatric Association, for example, took place only every five-six years. In actuality the main discussions took place outside these settings. What occurred at each successive WPA

⁴² Robert van Voren, *Cold War in Psychiatry*, 10.

gathering was the result of informal events and processes which took place and influenced the Western community during the intervals between congresses. Moreover, the general position of the WPA leadership, which favored a middle course that steered clear of Cold War politics, largely in order not to spoil relations with one of the most authoritative member provoked dissatisfaction among many Western psychiatrists. So they tried to find other venues to exchange their views and ideas. Personal statements, speeches at alternative venues to the WPA conferences and meetings, the pages of psychiatric and other scientific journals, press and radio all offered additional platforms. The media demonstrated particular interest in this freighted subject, and sought out the views of medical specialists.

The current chapter will be discuss the questions which the Western psychiatrists considered significant and urgent regarding the politicization of psychiatry in the USSR. Actually, some issues overlapped because of the narrow focus of the problem. But I will try to highlight particular aspects that claimed special attention from the Western psychiatric community during this period.

2.1. The Violation of Medical Ethics

Offences against ethical principles of the profession became the main topic for discussion. From the late 1960s onward, when the theme of psychiatric abuse by Soviet colleagues started to reach the West, it was difficult for them to believe that the alleged abuses could occur. Grown up, educated and working in distinct political and social dimension, behind the Iron Curtain, Western physicians refused to accept that fact that their profession serves as a tool of repressive machine in the state's interest. For example, an active participant in the debates, the psychiatrist Sidney Bloch, who firstly lived in Australia, had known almost nothing about this kind of abuse in 1971. But when he moved to Britain in the following year he learned

a lot more.⁴³ Bloch notices that in 1971, when Congress in Mexico took place, many foreign psychiatrists still did not believe that their colleagues from the USSR violated ethical principles.⁴⁴ He, for instance, realized the whole seriousness of the problem only when joined the group that investigated the issue.⁴⁵ As I mentioned earlier, Western psychiatrists were aware of this kind of phenomenon in other non-democratic countries, and even in the West abuses were not rare, but the scale, techniques, and systematic character of the Soviet abuse initially amazed them.

In 1973 the *British Medical Journal* discussed evidence of psychiatric abuse in the USSR and reiterated the principles of the physician's craft:

The ethical obligations that guide doctors, though they derive from a semilegendary past, receive a general assent today because doctors themselves, whatever their training and background, share a common aim. That is to improve the health of the people in their care. To a doctor doing his professional duty no man is a political opponent, or an enemy of the people, or for that matter a political ally, but a patient. And doctors who use their professional position to cause the imprisonment of healthy people, however politically disagreeable those people may be to the community or its rulers, are betraying the standards the medical profession everywhere strives to uphold.⁴⁶

Some of Western psychiatrists were tough enough in their attitude to violation of medical ethics by their Soviet colleagues. For instance, Canadian psychiatrist Norman Hirt, a specialist who was one of the first to react to political psychiatric abuse in the USSR in 1971, was not afraid of being too harsh in his own statements. He claimed that there are two 'psychiatries' in the USSR. The first was true and really cured people. The second was the psychiatry of political repression led by Dr. Daniil Lunts from the Serbsky Institute. He urged medical professionals to take measures to prevent a repetition of the terrible experiments by

⁴³ Sidney Bloch, Peter Reddaway, *Psychiatric terror*, 17.

⁴⁴ *Ibid.*

⁴⁵ *Ibid.*

⁴⁶ "Abuse of Psychiatry," *The British Medical Journal*, Vol. 3, No. 5879 (Sep. 8, 1973), 509.

Nazi doctors Mengele.⁴⁷ Another psychiatrist, the Belgian Antoni Demeus, called this phenomenon “psychiatric inquisition in the Soviet Union.”⁴⁸

Among Western psychiatrists there were a fair number of people like Hirt and Demeus, who adopted concrete positions and spoke openly about them. Others were less direct in their statements, but they shared the idea of influencing the Soviets to stop or at least reduce psychiatric malpractice, even without the help of the WPA.

One of these measures was a psychiatric symposium in Geneva in 1975 on medical ethics in the face of abuse of psychiatry for political purposes. The organizer became Amnesty International, which participated actively in dealing with the problem of medical repressions in the USSR from the time they became known in the West. The main topic of the meeting was using psychiatry as a tool for struggling with ideological, political, religious, and other forms of dissent in the USSR.

The participants – more than 60 specialists, mainly psychiatrists, lawyers, and human rights activists – made important decisions there. In particular, a Working Committee was established with a mandate to conduct concrete measures to combat the abuse of psychiatry for political purposes. Participants called on all their colleagues to take a clear and principal position in this question and boycott those psychiatrists and professional associations which were either involved in such abuses or resisted the investigation of this practice. Press conferences for the international press, radio, and television were held before and after the symposium.⁴⁹

It is important to say why this event was held and what its prehistory was. The main impetus became the unsatisfactory results of the WPA Congress in Mexico in 1971. At that

⁴⁸ RFE/RL, Melnikov, Fainberg, *Beseda s Viktorom Fainbergom* [Conversation with Viktor Fainberg], SP 101875.

⁴⁹ Ibid.

time the WPA decided to stay away from applying political psychiatry in the USSR. This question was not even included in the agenda. At the same time, new and new clues and evidences on this matter were appearing and it was clear that the situation was not getting better there. It was the reason why more and more psychiatrists in the West came to see verbal gestures as useless and considered imposing more resolute measures against malpractice in their profession.⁵⁰ The ground for the Geneva symposium was thus well prepared.

One of the main questions was what to do in order to achieve definite results. As Radio Liberty correspondent Yurii Melnikov commented, no “miraculous recipe” was found.⁵¹ However, the participants considered the results of the symposium as a milestone in treating the problem. The essence was in its practical decisions. The participants created an initiative commission responsible for preparations for establishing a permanent international structure for dealing with political psychiatric abuse. Its creation involved not only fact gathering, but also articulating concrete steps to battle this phenomenon.⁵²

But the most important and new result became the alternative position of the symposium in comparison with the WPA in 1971. The symposium’s participants clearly expressed the view that existing international associations such as the World Health Organization, the World Association of Psychiatrists, the World Association of Physicians and others were useless in this problem, and that no further hopes should be placed on them.⁵³ One of the reasons for the weakness of these organizations was their susceptibility to pressure from the Soviet side, including threats to provoke discontent or even boycott, as had happened at the WPA Congress in Mexico. It was also the reason why the participants at the symposium not only took the

⁵⁰ RFE/RL, Melnikov, Fainberg, *Beseda s Viktorom Fainbergom* [Conversation with Viktor Fainberg], SP 101875.

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

initiative to establish the new world body, but proposed to empower it by a directive to act according to conscience, despite the threat of the exit of any country from world associations. Even more, they called to boycott those psychiatrists and associations that were somehow involved in problem.⁵⁴

Sovietologist Peter Reddaway, the chairman of the London Working Group on the study of the abuse of psychiatry for political purposes and one of participants, claimed that the general mood was that the time had come to act and waiting for the world associations to react to the problem was not worth it. He thought that they had already been waiting for too long, so they had to act by themselves if necessary. Reddaway concluded that the real achievement of symposium lay in this decision, which had proven its useful and indispensable.⁵⁵

Charles Duran, one of the leading psychiatrists in Sweden and an active participant of symposium, stressed the major importance of the event as well. According to him, it happened “the crystallization of public opinion.”⁵⁶ He noticed that the problem of applying punitive psychiatry for suppressing dissent was not only a Soviet problem. It was broader and affected the life of all mankind. Duran thought that “it was obvious that as pharmacology and medical technology invented new devices, any totalitarian regime could use them to suppress political opposition and create an intellectually sterile society.”⁵⁷

The Geneva symposium in 1975 thus became a turning point for the problem of political psychiatry in the USSR, and marked the first qualitative shift in the Western scientific community’s position on the problem, marking out an alternative to the World Psychiatric

⁵⁴ RFE/RL, Melnikov, Fainberg, *Beseda s Viktorom Fainbergom* [Conversation with Viktor Fainberg], SP 101875.

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

Association. After this event many activists in the West and the USSR appealed to this meeting and its decisions.

The next such measure became the Honolulu Congress in 1977, but already under the auspices of the WPA. The latter could not resist the array of evidence of abuses in the USSR and the pressure of the vast majority of Western psychiatrists who demanded to condemn the Soviet association officially. As a result, condemning resolutions were adopted. Harold Mersky, a member of the English working group to investigate abuses of psychiatry for political purposes, stated that psychiatrists cannot pretend like it does not concern them and that is a good sign that resolution was adopted. Otherwise, they would share with Soviet psychiatrists, who violate medical profession, ‘the sin of complicity.’⁵⁸

At the same time, one more event became *the Declaration of Hawaii* on ethical norms of psychiatry, which was inspired by Soviet psychiatric malpractice and adopted at the same Congress. Of course, the problem was in other countries too, but the Soviet factor became decisive there. And some hints can be read between the lines. Dr Clarence Blomquist, the person responsible for drawing up the draft code, stated that the main function of a document as this one was to provide ‘general guidelines’ which would capture the attention of psychiatrists to the ethical problems and moral traps of their profession.’⁵⁹

Before adopting the resolution condemning Soviet colleagues a plenary session of the Congress on ethical problems in psychiatry was held. As a matter of course the bulk of the attention was devoted to the Soviet question. The Soviet delegation boycotted this meeting. Yet most of participants supported a resolute and principled position on this issue. The resolution itself spoke of ‘the keen conscience and personal judgment’ of the psychiatrists as ‘essential for

⁵⁸ RFE/RL, Melnikov, Psychiatric Congress in Honolulu SP 090477.

⁵⁹ “World Psychiatric Association and Clarence D. D. Blomquist. Declaration of Hawaii [with Commentary],” *Journal of Medical Ethics*, Vol. 4, No. 2 (Jun., 1978): 71.

ethical behavior.’⁶⁰ At the same time, as writes Harvey Fireside, the code did not provide a guidance for psychiatrists how to act when the authorities press on him demanding violate ethical principles.⁶¹

3 paragraphs (# 5, 6, 7) from 10 are devoted to misuse of psychiatry for political reasons, keeping in mind Soviet malpractice. It is seems relevant to put them all here:

5. No procedure must be performed or treatment given against or independent of a patient's own will, unless the patient lacks capacity to express his or her own wishes or, owing to psychiatric illness, cannot see what is in his or her best interest or, for the same reason, is a severe threat to others. In these cases compulsory treatment may or should be given, provided that it is done in the patient's best interests and over a reasonable period of time, a retroactive informed consent can be presumed and, whenever possible, consent has been obtained from someone close to the patient.

6. As soon as the above conditions for compulsory treatment no longer apply the patient must be released, unless he or she voluntarily consents to further treatment. Whenever there is compulsory treatment or detention there must be an independent and neutral body of appeal for regular inquiry into these cases. Every patient must be informed of its existence and be permitted to appeal to it, personally or through a representative, without interference by the hospital staff or by anyone else.

7. The psychiatrist must never use the possibilities of the profession for maltreatment of individuals or groups, and should be concerned never to let inappropriate personal desires, feelings or prejudices interfere with the treatment. The psychiatrist must not participate in compulsory psychiatric treatment in the absence of psychiatric illness. If the patient or some third party demands actions contrary to scientific or ethical principles the psychiatrist must refuse to co-operate. When, for any reason, either the wishes or the best interests of the patient cannot be promoted, he or she must be so informed.⁶²

⁶⁰ “World Psychiatric Association and Clarence D. D. Blomquist. Declaration of Hawaii [with Commentary],” *Journal of Medical Ethics*, Vol. 4, No. 2 (Jun., 1978): 71.

⁶¹ Harvey Fireside, *Soviet Psychoprisons*, 4.

⁶² “World Psychiatric Association and Clarence D. D. Blomquist. Declaration of Hawaii [with Commentary],” *Journal of Medical Ethics*, Vol. 4, No. 2 (Jun., 1978): 71-72.

In the end it states that the psychiatrist should stop all therapeutic, teaching or research programs that may evolve contrary to the principles of *the Declaration*.⁶³ But it should be noted that *the Hawaii declaration* specified the ethical principles of psychiatry in rather general terms and had little practical meaning without definite monitoring tools. A permanent Commission for investigating cases of using psychiatry for political purposes could be this tool. The delegation from the USA proposed such an initiative and it was voted.⁶⁴

Coming back to the text of the code, Harvey Fireside, commenting on paragraph 7, writes that the WPA code seemed ‘equally divorced from political realities’ when it declared that the profession of psychiatrist is independent and that this notion is not applicable to Soviet political psychiatry.⁶⁵ But whatever it was this resolution became one more step in the WPA activity related to the problem, and it added impetus to rethink its work and the psychiatrist’s role as well.

However, some psychiatrists proposed less skepticism regarding Soviet abuses. They stressed the presence of the problem in other countries as well and proposed to be careful condemning Soviet colleagues. In this respect, the British psychiatrist Edward Hare warned about ‘the danger of overreaction.’⁶⁶ He claimed that the difficulties of diagnosis and understanding of the ideals and traditions of different countries can be various too. And that there is a strong possibility ‘to overreact in judging what constituted suppression of liberty.’⁶⁷ Such an overreaction could have two sides. It was one thing to detect insufficient condemnation

⁶³ “World Psychiatric Association and Clarence D. D. Blomquist. Declaration of Hawaii [with Commentary],” *Journal of Medical Ethics*, Vol. 4, No. 2 (Jun., 1978): 71.

⁶⁴ RFE/RL, Melnikov, *Psychiatric Congress in Honolulu*, SP 090477.

⁶⁵ Harvey Fireside, *Soviet Psychoprisons*, 5.

⁶⁶ Edward Hare, “Treating Dissenters. The British Medical Journal,” *The British Medical Journal*, Vol. 2, No. 6095 (Oct. 29, 1977): 1137.

⁶⁷ *Ibid.*

of those who allegedly suppress liberty. It was another to mistake ‘accidentals for essentials.’⁶⁸ He thought that despite all ‘the shocking and disgraceful’ details of Soviet repressive psychiatric practice, such abuses could happen in any country, ‘even the richest and most democratic.’⁶⁹ Trying to answer whether the Soviet psychiatrists behaved unethically in diagnosing mental disease where it did not exist, Hare argued that no certain answer was possible here. Yet, ‘if it were the case that political pressure on Soviet psychiatrists had been excessive and evil, the appropriate response of distant and more fortunate colleagues might seem to be one of sympathy rather than abhorrence.’⁷⁰

The next Hare’s statement is about ‘two sides of the coin’ in Soviet psychiatric abuses. He explained it so:

The dilemma of the Soviet government is similar to that which confronted the Catholic church in dealing with heresy, or the Romans in dealing with the early Christians, but with the difference that the modern dissident appeals from tyranny, not to God but to the Western democracies—a circumstance which can only strain the patience of his government still further.⁷¹

In his view, there is no simple explanation what are the fundamental responsibilities of physician, the borders of medicine, and the relation between politics and health.⁷² At the same time, of great concern are individual cases those who faced the problem of repressive psychiatry. Hare proposed not lose international connections to have the opportunity to influence the USSR somehow.⁷³

One more point is from Jack Weinberg, the American Psychiatric Association’s President and an active critic of Soviet abuses. After the Honolulu Congress he stated that he

⁶⁸ Ibid.

⁶⁹ Edward Hare, “Treating Dissenters. The British Medical Journal,” *The British Medical Journal*, Vol. 2, No. 6095 (Oct. 29, 1977): 1137.

⁷⁰ Ibid, 1137-1138.

⁷¹ Ibid, 1138.

⁷² Ibid.

⁷³ Ibid.

believes that Russian psychiatrists apply psychiatry ethically. At the same time, his main concern was about political system which pressed on them and was the main reason for medical misbehavior.⁷⁴

It is important to notice that the Soviet psychiatrists blamed the Western specialists in anti-Soviet propaganda and slander. For instance, after the Honolulu Congress's decisions in 1977 there were a lot of perturbations from the Soviet side. Representatives of the Soviets at the Congress and the leadership of punitive psychiatry in the USSR, men like Andrei Snezhnevsky, Georgii Morozov, Marat Babayan (who most actively defended the USSR), Ruben Nadzharov, and others, naturally took a very aggressive position toward their opponents and tried to justify their own practices. But all they could give was an argument that it all is about anti-Soviet propaganda and slander.

Radio Liberty correspondent Yurii Melnikov, talking with Harold Mersky at the Congress, asked him to comment on whether all these accusations made an impression on him. The answer was 'no.' As Mersky stated, it was mainly offensive attacks at people like Marina Voikhanskaia and Leonid Plyushch, who emigrated from the USSR and retold the peculiarities of repressive psychiatry in the USSR. Mersky said that it were 'all the same phrases and labels about anti-Soviet conspiracy.'⁷⁵ According to Babayan, for example, it appears that the conspirators were all who was concerned about the problem.⁷⁶

⁷⁴ Joel Greenberg, "The Ethics of Psychiatry: Who Is Sick?," *Science News*, Vol. 112, No. 21 (Nov. 19, 1977): 347.

⁷⁵ RFE/RL, Melnikov, *Psychiatric Congress in Honolulu*, SP 090477.

⁷⁶ Ibid.

Sydney Bloch shared this position: ‘The same old tale of anti-Soviet propaganda and the like. All this is far from the truth. For us it is a question of professional concern, humanitarian concern which goes far beyond political categories.’⁷⁷

While condemning Soviet punitive psychiatry itself, some of the Western physicians held no strict views about their Soviet colleagues and even offered them a certain degree of protection. For example, the President of the APA Jack Weinberg said about Chief Soviet psychiatric delegate Babayan after the Honolulu Congress: ‘I took it for granted that my Soviet colleague, protecting the political interests of his state, would trot out all available means.’⁷⁸ Another American psychiatrist commented on Babayan at the same Congress said: ‘He was fighting for his life. Not literally, but his professional life. And what he was saying, he had to say a great deal for his people back home.... He was talking for his superiors to hear.’⁷⁹

2.2. What Made Soviet Psychiatrists “Soviet”?

In trying to understand the phenomenon of punitive psychiatry in the USSR, Western specialists began to pay considerable attention to the environment in which their Soviet colleagues lived and worked. The Iron Curtain presented formidable obstacles to their analysis. Yet they could hardly arrive at a closer understanding of Soviet physicians’ attitudes toward coercive medical practices without grasping Soviet politics and society as well. Foreign scientists also tried to put these into proper historical context. These extra-professional considerations shaped the realization that Soviet psychiatric thought might be different from mainstream Western thought. They could see psychiatric offenses where they did not exist for the Soviets. These forms of cultural argumentation did not enjoy a complete consensus among

⁷⁷ RFE/RL, Melnikov, *Psychiatric Congress in Honolulu*, SP 090477.

⁷⁸ Ibid.

⁷⁹ Joel Greenberg, “The Ethics of Psychiatry: Who Is Sick?” *Science News*, Vol. 112, No. 21 (Nov. 19, 1977): 346.

Western specialists, however. For many, making reference to the Soviet setting did not constitute an explanation, much less a justification, for violating medical ethics and the Hippocratic Oath.

As interest in the subject grew in the West, more systematic scholarly study of “the use of psychiatry for political repressions” came to dominate the discussion.⁸⁰ What began mostly among psychiatrists as mere enumeration of cases of psychiatric reprisals against political prisoners gradually drew in other scholars and increasingly posed the problem through the prism of the Soviet system as a whole. Robert van Voren has noted that “socio-cultural factors as well as political-cultural contexts are essential elements in forming the human being”.⁸¹ Surely Soviet reality produced the “Soviet type” of man – but with what consequences for grasping the actions of Soviet psychiatrists? Psychiatry was not an independent part of science in the Soviet Union. In turn, psychiatrists in the country were not independent employees and had strong connection with the State. It is obvious that such interconnections influenced the professional activity of Soviet psychiatrists very much.

In August 1978 Dr. Walter Reich published an article devoted to this question in *Harper's Magazine*. He wrote that West is drawing the monochromatic picture of problem on political psychiatry in the USSR. According to this picture, an innocent, virginal profession seemed to be the object of violation by “a handful of lackeys,” while psychiatrists had to obey orders blindly from above, and the Soviet leadership gave the KGB *carte blanche* to use psychiatry for control over society.⁸² This picture of monochrome evil, continued Reich, united the efforts of most major Western Societies of Psychiatrists in their condemnation of Soviet

⁸⁰RFE/RL, Lavrov, *Soviet Psychiatry*, SP 092378

⁸¹ Robert van Voren. Cold War in Psychiatry, 15-16.

⁸² RFE/RL, Lavrov, *Soviet Psychiatry*, SP 092378.

psychiatry at the Honolulu Congress in 1977. At the same time, he thought that the picture of such abuses was more complicated. Certainly many of the offending diagnoses had been arrived at wrongly out of cynical motives, but in some cases the KGB really did doubt the dissidents' mental health. One of them, a writer who could not be published, told Reich that the authorities twice sent him to a psychiatric examination and every time the physicians ratified him as healthy. As the author pointed out, the authorities probably thought that only a madman could write without being able to be published.⁸³

In another example Reich offered one more demonstration of the complexity of the problem, recalling a private conversation with Academician Andrei Snezhnevsky in his hotel room during the WPA Congress in 1977. As a professional psychiatrist and one of the few in the West familiar with Snezhnevsky's diagnostic system, Reich tried to clarify the situation regarding certain Soviet diagnostic criteria. The subject of their conversation was Leonid Plyushch and the peculiarities of his "treatment" in a mental hospital, eventually touching on the general reasons for hospitalization of dissenters. Reich wrote that he got the impression that Snezhnevsky really believed in the scientific value of his approach to psychiatric diagnosis.⁸⁴

Reich eventually concluded that evil in Soviet psychiatry is a superficial though systematic evil. This evil is generated by a Soviet society in which some psychiatrists really believe that dissent is a mental illness and see disease where psychiatrists in other countries do not.⁸⁵ At the same time, Reich pointed out that even if the Soviet reality distorts evaluation of human behavior in society and translates political dissent into mental pathology, the Soviet psychiatrist should nonetheless acknowledge the potential damage to his professional honor by

⁸³ RFE/RL, Lavrov, *Soviet Psychiatry*, SP 092378.

⁸⁴ Ibid.

⁸⁵ Ibid.

the political and social environment.⁸⁶ The author continued that Soviet psychiatrists should understand that by making concessions to life circumstances in the Soviet reality, they use the vulnerability of psychiatric science in the name of evil.⁸⁷ It is obvious that Walter Reich understood the particular conditions in which Soviet psychiatrists lived and were trained, but it seems that it was a clear line for him where the violation in profession starts and should be stopped.

However, taking into consideration the reasons why Soviet psychiatrists violated their profession, the previous Reich's statement looks a little bit naïve. Yet he agreed that the norms of social behavior in the USSR were very strict and deviations from these norms did not happen often, because "too much can be lost and too little can be gained" doing so.⁸⁸

Another Western psychiatrist, Sidney Bloch, tried to understand what exactly could be "lost" and what "gained" by Soviet physicians. He explained that psychiatrists who headed Soviet psychiatry had appeared there because of their "political qualifications" and "readiness to act in accordance with the demands of the party."⁸⁹ Such behavior supported by the authorities in various ways such as high salaries, the opportunity to travel abroad for international scientific events, to have state property, and other privileges not accessible to the psychiatrists of low rank.⁹⁰

The situation for the vast majority of ordinary psychiatrists was quite different, stated Bloch.⁹¹ They did not have all that benefits which had those who were at the top of Soviet psychiatry. The main reason to violate the principles of their profession in political cases was

⁸⁶ RFE/RL, Lavrov, Soviet Psychiatry, SP 092378.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Sidney Bloch, "Psychiatry as Ideology in the USSR," *Journal of Medical Ethics*, Vol. 4, No. 3 (Sep., 1978): 130.

⁹⁰ Ibid.

⁹¹ Ibid.

“fear.” Otherwise, it would be “professional suicide, professional ostracism, even a prison sentence.”⁹² Examples of this could be seen in the cases of such psychiatrists as Semyon Gluzman, Marina Voikhanskaya, Avtandil Papiashvili, Anatolii Koryagin, Boris Zubok, and others.

Western specialists also understood that language itself constituted a peculiarity of Soviet reality that required careful study in its own right. Often lacking fluency or even basic knowledge of Russian, they hesitated to comment on psychiatric abuses in the USSR and condemn their Soviet colleagues. For most Western specialists there were thus real obstacles to grasping the full scope of the Soviet cases that came to their attention. Of course some meanings, for example, with translations of diagnoses or patient narratives of disease for particular dissidents, were especially vulnerable to misunderstanding.⁹³ But there were a few Western psychiatrists and other specialists involved in this problem who knew Russian at a high level. Among them, for example, were active critics of Soviet psychiatric abuses like psychiatrist Lou Beer and Sovietologist Peter Reddaway. They could communicate in Russian fluently and very often used this knowledge not only for investigating the problem, but giving interviews and comments to the media, mainly the émigré press or radio which targeted Russian-speaking audiences both in the West and the USSR.

2.3. Diagnoses Applied to Dissenters

Many of the diagnoses applied to dissenters in the USSR amazed Western psychiatrists. They were sometimes absent from any international classifications of disease, and based on

⁹² Sidney Bloch, “Psychiatry as Ideology in the USSR,” *Journal of Medical Ethics*, Vol. 4, No. 3 (Sep., 1978): 130.

⁹³ J. Wing, “Psychiatry in the Soviet Union,” *British Medical Journal*. 1974 (1): 435-436; Greg Wilkinson, “Dissent And “Sluggish” Schizophrenia In The Soviet Union,” *British Medical Journal* (Clinical Research Edition), Vol. 293, No. 6548 (Sep. 13, 1986): 642.

criteria according to which a person in the West would be recognized as sane. Any diagnoses with a “political” component evoked special questions to Soviet psychiatrists. For example, a disease like “schizofreethinking” (*shyzoinakomyslie*) went beyond the scope of understanding of Western psychiatrists and led to wide criticism of such cases. Even more, close relations between medicine, particularly psychiatry, and the State, the presence of the KGB and party elements at the top of medical leadership were reason for great concern.

At the same time, many of foreign physicians pointed at high achievements in Soviet psychiatry and recognized its developments. For instance, British psychiatrist J. Wing noticed that the Soviet system of dispensary care was extremely well developed in Moscow and Leningrad and contained some useful ideas for British psychiatry.⁹⁴ However, as he stressed, the Soviet diagnostic system was different from the International Classification of Diseases. He drew attention to the term “schizophrenia” which was used to describe conditions that, for example, a British psychiatrist would define in different ways. This clinical distinction, as he considered it, partly explained the different concept of “criminal responsibility.”⁹⁵ At the same time, another crucial component of the distinction was not medical, but political one. He added that there were differences from British practice in particular juridical procedures. In sum they made Soviet psychiatric treatment of political dissidents intolerable for most British physicians.

⁹⁶ One more notice is that *The World Health Organization Pilot Study on Schizophrenia* of 1973 announced that such mental illness as “schizophrenia” was applied more often in the Soviet Union than in other countries.⁹⁷

⁹⁴ J. Wing, “Psychiatry in the Soviet Union,” *British Medical Journal*, 1974 (1): 433.

⁹⁵ Ibid, 435

⁹⁶ Ibid, 433.

⁹⁷ Robert van Voren, *Cold War in Psychiatry*, 60-61.

Under the patronage of an Academician Andrei Snezhnevskv the Institute of Psychiatry of the USSR Academy of Medical Sciences and the Serbsky Institute supported the assistance for “the country’s psychiatrists” to apply such diagnoses to dissenters. The incredibly broad concept of schizophrenia, and especially “sluggish schizophrenia,” by Snezhnevsky became his crucial contribution to repressive psychiatry in the USSR. This kind of mental illness could be accompanied by any symptoms to recognize the person insane and hospitalize forcibly.⁹⁸

Bloch and Reddaway provide some criteria for people who could be treated as insane person. Their classification includes five types of Soviet citizens: defenders of human rights or democratization, nationalists, those who wanted to emigrate, believers, and citizens inconvenient to the authorities.⁹⁹ As authors claim, this survey is based on an analysis of more than 500 well-authenticated cases known from 1962 until the mid-1980s. Bloch and Reddaway concluded that all these people shared “one basic feature” – their behavior was distinctive from social conventions and norms common for the State.¹⁰⁰

There are some diagnoses which amazed Western scientists: “nervous exhaustion brought on by her search for justice” (Nadezhda Gaidar, 1976); “psychopathic paranoia with overvalued ideas and litigious tendencies” (Mikhail Zhikharev, 1974); “schizophrenia with religious delirium” (Alexander Voloshchuk, 1977); “reformist delusions” or “reformist ideas” (Yevgeny Nikolayev, 1978); “psychopathy with tendency to litigation” (Alexander Komarov, 1978); “defusional ideas of reformism and struggle with the existing social political system in the USSR” (Vladimir Rozhdestvov, 1978); a “mania for reconstructing society” (Mikhail

⁹⁸ “Abuse of Psychiatry against Dissenters,” *Economic and Political Weekly*, Vol. 16, No. 6 (Feb. 7, 1981): 187.

⁹⁹ Sidney Bloch, Peter Reddaway, *Soviet Psychiatric Abuse*, 30.

¹⁰⁰ *Ibid.*

Kukobaka, 1976).¹⁰¹ In Western practice the strong political accent in all of these diagnoses would have been highly unusual. Walter Reich commented that in Soviet society deviations from the rules of behavior cause suspicion of mental illness more often than in any other country.¹⁰²

Psychiatrist Harold Mersky and a neurologist Bronislava Shafran in the article *Political hazards in diagnosis of 'sluggish schizophrenia'* published in *the British Journal of Psychiatry* in 1986 pay more close attention to this diagnosis, which applied to dissenters in the USSR very often. After analyzing articles published in *the Korsakov Journal of Neuropathology and Psychiatry* in 1978 and 1983 they summed up that this disease, according to Snezhnevsky's criteria, has very wide borders and extensive set of features.¹⁰³ It should be noted that the quality of researched articles was treated by authors as quite low and "disturbingly incomprehensible."¹⁰⁴

In this respect Walter Reich complained that Andrei Snezhnevsky took control over the academic institute of psychiatry, educational institutions, specialized magazines in the USSR. His classification of schizophrenia had become the standard for the whole Soviet Union.¹⁰⁵ But even more complaints from him evoked that fact that many of Snezhnevsky's provisions were shared even by some psychiatrists who left the Soviet Union and were working in America at that time.¹⁰⁶

¹⁰¹ "Abuse of Psychiatry against Dissenters," *Economic and Political Weekly*, Vol. 16, No. 6 (Feb. 7, 1981): 188.

¹⁰² RFE/RL, Lavrov, *Soviet Psychiatry*, SP 092378.

¹⁰³ Harold Mersky and Bronislava Shafran, "Political hazards in diagnosis of 'sluggish schizophrenia,'" *British Journal of Psychiatry*, 1986 (148): 249.

¹⁰⁴ *Ibid.*, 251.

¹⁰⁵ RFE/RL, Lavrov, *Soviet Psychiatry*, SP 092378.

¹⁰⁶ *Ibid.*

To sum up, we have seen that Soviet psychiatric abuse of dissent provoked many discussions within the Western scientific community and dominated its attention until the collapse of the USSR. These debates can be treated at two levels. The first level concerns formal institutions like the World Psychiatric Association, an official representative body of the international scientific community which incorporated both the Soviet All-Union Society of Neuropathologists and Psychiatrists as well as its chief critics in the guise of Western national psychiatric associations (mainly American and British). The WPA tried not to be involved in Cold War tensions between the Americans and the Soviets, avoiding actions that could have spoiled relations with the Soviets and adopting a neutral line wherever possible in order to escape confrontation. Dissatisfaction among Western psychiatrists with the WPA position drove the debate at the second level, where other institutions (often more informal in nature) came into play. The second level involved the search for alternative sites to share critical views and take real measures. Alternative venues could run from conferences and meetings to publishing in psychiatric and other scientific journals and approaching the press, radio, and other media.

Three questions were the focal points of discussions on psychiatric malpractice in the USSR: violations of medical ethics, the sociopolitical environment in the USSR as the source of specifically Soviet clinical practices, and the issue of consistent application of diagnoses. All of them overlapped and were connected in certain ways. Yet Western psychiatrists paid attention to different aspects of these themes. It seems that the question of ethics was crucial for them, because offenses undermined the very principles of their profession. Almost all of them directly or indirectly condemned such phenomenon in the USSR. At the same time, the international community sought to realize what were the causes and roots of such behavior of Soviet

colleagues. Living on the other side of the Iron Curtain, the Western psychiatrists tried to take into account political, social, and cultural peculiarities of the environment in which their Soviet colleagues lived and worked. They were concerned about close dependence of science, and especially psychiatry, on the relations with the State. The latter used them as cogs in its repressive machine and as a tool for satisfying the state political order. This state of affairs in turn strongly influenced the development of psychiatry in the USSR. Western physicians were convinced that the new Soviet diagnostic system for mental disease developed by Andrei Snezhnevsky, the chief ideologist of repressive medicine in the USSR – a system which differed from Western conventions in many points – was intended to meet the needs of the Soviet state in dealing with dissent.

CHAPTER 3: The Activities of Western Psychiatrists in Soviet Issue

In the present chapter I will concentrate on the activities of Western psychiatrists that went beyond oral debates and sought the release of Soviet political inmates from psychiatric hospitals. Despite the active discussions of political psychiatry within the Western psychiatric community, it was obvious that there was necessity in more active moves. At the same time, many physicians who were bothered by the violation of medical ethics and the demolition of the very principles of the medical profession by their Soviet colleagues tried to help incarcerated dissenters somehow. According to a historian and Soviet human rights activist Lyudmila Alekseeva, “help from the West from the very beginning was based mainly on corporate principles: writers helped writers, scientists – scientists, foreign national organizations - to the people of their nationality, religious organizations – their co-believers, and only Amnesty International took care of all prisoners of conscience.”¹⁰⁷ Western psychiatrists can also be seen as a ‘corporation’ that tried to respond to the abuse in their profession and act within their own jurisdiction. From the mid-1970s, when the problem started to gain considerable attention in the West, a constant stream of open letters and public appeals to release concrete prisoners from mental hospitals flowed to the Soviet authorities. One more form of support became campaigns, often international, with the same purpose.

However, the activities of Western psychiatrists cannot be treated as unique ones. In the context of confrontation between the East and the West during the Cold War and the deployment of struggle for human rights in the Soviet Union the issue of psychiatric abuse for political reasons became of particular importance. Western countries, especially the United States, included the problem of human rights offenses in its policy against the USSR. Defining for themselves the protection of human rights around the world, and especially in the Soviet

¹⁰⁷ L Alekseeva. *Istoriia inakomyslia* [History of Dissent]. (Moskva-Vilnyus, 1992), 252.

Union, as a major focus of international relations, and guided, first of all, by the Helsinki Accords of 1975, the West, mainly the USA, embraced an obligation to monitor the humanitarian situation in the USSR. So, the human rights activism with the special accent on Soviet state and activities related to it, mainly from the middle of the 1970s, became usual Western phenomenon. In this respect, the foreign psychiatric community joined, if it can be called so, human rights trend in the West.

Greek researcher Hara Kouki claims that “the creation of a transnational campaign” as a response to the problem of Soviet psychiatric repressions was something that took place “beyond state initiatives” during the Cold War.¹⁰⁸ It was a long-lasting phenomenon which took its beginning in 1971 when the cases of such dissenters as Pyotr Grigorenko, Zhores Medvedev, and Vladimir Bukovsky became known abroad.¹⁰⁹ Notwithstanding that these stories were not taken into consideration by the WPA Congress of 1971, the process had already started.

The Western psychiatric community became active both on an institutional and individual levels. The first included national psychiatric associations, for example British, American, Canadian ones, which were in touch with the question of psychiatric misuse in the USSR every time, and the World Psychiatric Association itself. Moreover, in the West committees were established for investigation of psychiatric repressive practices, like the Committee to Review the Abuse of Psychiatry as the WPA’s initiative, and the French analogue – the Comité des Psychiatres Français contre l’ Utilisation de la Psychiatrie à des fins de répression politique en URSS. At the same time, the second level was about concrete psychiatrists who spread their attitude regarding the matter individually, very often through the

¹⁰⁸ Hara Kouki and Eduardo Romanos, “Human Rights as a Transitional Vocabulary of Protest. Campaigning against the Political Abuse of Psychiatry in the Soviet Union,” 49-50.

¹⁰⁹ Ibid, 50.

media. For example, Radio Liberty broadcast a lot of interviews with Western psychiatrists and included various excerpts from their speeches on political psychiatry to illustrate the situation in the USSR and surely granted more credibility to this issue for its Soviet audience.

Some materials on media coverage can be found in the Open Society Archive (Budapest, Hungary), especially on the press and radio themes, which can shed light on some peculiarities of the problem. There are documents which show activities of Western psychiatrists regarding Soviet political psychiatry in different directions. For instance, in *London Times* from September 16, 1971 was published the Letter to the editor signed by Professor F. A. Jenner and others (43 persons) from University Department of Psychiatry, Whiteley Clinic (England). They appealed to the “colleagues throughout the world” to pay attention to Vladimir Bukovsky’s materials which had recently appeared in the West to talk about them with Soviet psychiatrists on the forthcoming WPA Congress in Mexico.¹¹⁰

Radio Liberty journalists J. J. Valerio in a telephone conversation (from September 26, 1973) with the President of the American Psychiatric Association, Dr. Alfred M. Freedman, were discussing future participation of the organization in the near International Symposium on the aspects of schizophrenia to be held in Yerevan, Armenia, and Tbilisi, Georgia, on October 8-13, 1973. One of the questions was whether the representatives of the APA would raise the issue of Soviet repressive psychiatry there. In this respect Valerio asked about Dr. Charles E. Frohman of the Lafayette Clinic in Detroit, one of participants who allegedly had an intention to ask “some pointed questions” on topic, but there was “some talk about toning down, keeping

¹¹⁰ “Letters to the editor. Dissenters in Soviet mental hospital” by F. A. Jenner, HU OSA 300-80-1; 534: Old Code Subject File; Soviet Red Archives; RFE/RL Research Institute; Open Society Archives at Central European University, Budapest.

the questions in low key so as not to embarrass.” Freedman claimed that he knew nothing about that and probably Dr. Frohman was “misquoted.”¹¹¹

There are some other materials regarding this symposium. For example, Radio Liberty reports on appeals concerning the problem from the Committee for Human Rights in the USSR¹¹² and 350 French psychiatrists¹¹³ to the participants of the event to investigate mental hospitals in the USSR. Yet this proposition came from the Ministry of Public Health in the Soviet Union, too. The Soviets hoped to reduce tension regarding their psychiatric practices that appeared in the West after the WPA Congress of 1971. After symposium eighteen foreign psychiatrists had an opportunity to visit the Serbsky Institute of Forensic Psychiatry in Moscow, which was known as one of the main places in the USSR where political inmates were incarcerated. However, this trip had almost no results, because psychiatrists did not receive permission to examine those people about whom they had information as political prisoners. The only person whom they were allowed to examine was the famous Soviet human rights activist Pyotr Grigorenko. Yet the latter refused to be examined because of the fear that the Soviet psychiatrists who were acting as his interpreters might distort his words.¹¹⁴ It should be noticed that one of Soviet physicians called such behavior “indicated paranoia.”¹¹⁵

Some part of materials from the OSA contains the cases which ended successfully for Soviet dissenters and they were released from mental hospitals. The Soviet inmate Vladimir

¹¹¹ Statement challenging Moscow to permit American psychiatrists to examine inmates of Soviet mental homes who say they have been confined there for political reasons by J. J. Valerio. 9/26/73. Psychiatry, 1971-1973 [Correspondence]; HU OSA 300-85-48; 36:New York Office Files Relating to Samizdat; Samizdat Archives; RFE/RL Research Institute

¹¹²“Москва. Тринадцать психиатров...,” 16.10.73. Hungary: HU OSA 300-85-12: 228; Психиатрия, 1964-1972, Information Item.

¹¹³ “French doctors urge international investigation into Soviet mental hospital,” Oct. 5, 1973. Hungary: HU OSA 300-85-12:229. Information Item.

¹¹⁴ “U.S. REPORT ON commitment of Soviet dissidents.” Hungary: HU OSA 300-85-12:228 Психиатрия. Information Item.

¹¹⁵ Ibid.

Borisov, who spent nine years in incarceration for anti-Soviet activity, was freed in 1977. During his joint informal press-conference for the Western media with Pyotr Grigorenko, also released by that time, Borisov remarked that his release came about because of “a closely-coordinated campaign” by supporters both from the USSR and in the West. They were sure that it was a mutual achievement of the Committee for investigating the use of psychiatry for political purposes, which was established in December 1977, along with the help of qualified lawyers and a group of psychiatrists lobbying on their behalf.^{116 117}

It should be taken into account that Western psychiatrists were the participants of campaigns, often international, to protect and help dissenters. One of best known was the international campaign to release the human rights activist Leonid Plyushch. He was termed insane because of “anti-Soviet propaganda and agitation” and labeled with “creeping schizophrenia with messianic and reformist ideas.”¹¹⁸ Plyushch’s incarceration started in 1973. During 1975-1976 the campaign was conducted and, as a result, he was released in 1976.

Kouki traces the whole mechanism of this campaign as the example of the most successful one.¹¹⁹ She claims that it became possible due to comprehensive mobilization of all participants of this process both in the USSR and in the West. Medical and scholarly organizations involved scientists, lawyers, and physicians who not only elaborated this case in theoretical researches, for example journal’s articles, but were doing ‘practical’ things such as writing appeals to the Soviet government and letters to the press.¹²⁰ Among those who took part were different representatives of the West – English psychiatrist Dr. Low-Beer, Sovietologist

¹¹⁶“USSR – Borisov, Grigorenko talk to newsmen,” March 10, 1977, Hungaary: HU OSA 300-85-12:228.

¹¹⁷ “French psychiatrists’ anxious for Borisov.” Hungaary: HU OSA 300-85-12:228.

¹¹⁸ Hara Kouki and Eduardo Romanos, “Human Rights as a Transitional Vocabulary of Protest. Campaigning against the Political Abuse of Psychiatry in the Soviet Union,” 50.

¹¹⁹ Ibid, 51.

¹²⁰ Hara Kouki and Eduardo Romanos, “Human Rights as a Transitional Vocabulary of Protest. Campaigning against the Political Abuse of Psychiatry in the Soviet Union,” 53.

Peter Reddaway, the Comité des Psychiatres Français contre l'Utilisation de la Psychiatrie à des Fins Politiques in Paris, Amnesty International, the International Commission of Jurists, the League for the Rights of Man, the Bertrand Russell Foundation and many others.¹²¹ The campaign rested on legal and medical bases and included wide publicity through the media to activate public opinion. At the same time, as Haruki states, there was “a pervasive effort to avoid political implication at any cost” and to be “beyond Cold War tactics.”¹²²

Among the other “successful” international campaigns undertaken by Western psychiatrists were the cases of such dissenters as Zhores Medvedev, Natalia Gorbanevskaya, Pyotr Grigorenko, Vladimir Bukovsky, Anatolii Shcharansky, and others. All of these nonconformists were freed because of such more or less comprehensive campaigns.

At the same time, the activities of Western psychiatric community were limited not only to the political inmates of mental hospitals. As we wrote above, the ‘corporate principle’ worked, too. Foreign physicians treated it as a professional obligation to help Soviet colleagues who were punished by the authorities because of their open protest against political psychiatry. Moreover, such psychiatrists in the USSR were not many. The best known cases in the West were those of Semyon Gluzman, Leonard Ternovsky, Vladimir Moskalkov, Anatolii Koryagin, Oleksandr Voloshanovich, Marina Voikhanskaya, Avtandil Papiashvili and Etilia Kazanets¹²³. Some of them, like Gluzman, Koryagin, and Volashonovich, were punished by prison incarceration for their protest. Voikhanskaya, Papiashvili, and Kazanets managed to emigrate to

¹²¹ Ibid.

¹²² Ibid, 54

¹²³ S. Levine, “The Special Committee on the Political Abuse of Psychiatry,” *The Psychiatric Bulletin*, 1985 (9): 244.

the West and continued their activity there. The most intensive campaigns to release Soviet colleagues were related to Gluzman and Koryagin.¹²⁴ But only the latter case was successful.

As Hara Kouki considers, the “transnational” campaign for struggling with repressive psychiatry in the USSR was both “domestically and globally successful,” it made dissenters’ voices “against injustice” visible during the times the phenomenon existed and after it.¹²⁵ Furthermore, the human rights stream that emerged at that time won the place for “such concepts as legality, freedom of conscience, and respect for individuality” in the whole world and became a “paradigm in postwar global affairs.”¹²⁶

To sum up, the role of the Western psychiatric community regarding the use of psychiatry for dealing with dissent in the USSR was limited not only to internal discussions on this issue. From the beginning of the 1970s they started to take part, and from the middle of the 1970s with greater intensity, in the activities intended to help Soviet dissidents, the inmates of mental hospitals, to be released. On the one hand, they were challenged by Soviet colleagues who applied psychiatry as a repressive tool, undermining the very principles of their profession. Western psychiatrists had to react to this. On the other hand, they were challenged by Soviet dissenters who appealed to them as a force that could help to stop political psychiatry in the country. So they became involved in signing appeals, writing letters to the Soviet authorities, and participating in campaigns to release Soviet freethinkers from mental incarceration. The corporate principle as a sign of solidarity with their colleagues was one more impetus to act in cases where such professionals as they were fell into a trouble.

¹²⁴ P. Sainsbury “Dr Semyon Gluzman,” *The Psychiatric Bulletin*, 1979 (3): 19.

¹²⁵ Hara Kouki and Eduardo Romanos, “Human Rights as a Transitional Vocabulary of Protest. Campaigning against the Political Abuse of Psychiatry in the Soviet Union,” 51.

¹²⁶ Ibid.

CONCLUSIONS

In the 1960s about the problem of repressive psychiatry in the USSR became known in the West. Cold War relations and the Iron Curtain were the great obstacles to deal with this question for Western psychiatrists. But during the 1970s and 1980s the issue of employing psychiatry to manage dissent in the Soviet Union became a major challenge already for the World Psychiatric Association. As the main world body in psychiatry and an official representative of the international scientific consensus, the organization was highly dependent on the current political situation. Its members, national psychiatric associations and individual participants, belonged to countries of distinct political orientations and were connected to each other by mutual economic and military interests and ideological factors. During the Cold War this situation in turn divided the WPA into two camps, West and East. To raise a question which had a political context, even based on medical grounds, could undermine the prestige of one of the countries that belonged to a given camp, and would mean worsening of relations between the WPA and its partners, inviting strong opposition among the WPA members. One such “inconvenient” question became the issue of repressive psychiatry in the USSR to combat freethinking in the country.

The problem dominated the WPA’s work during the four subsequent World Congresses of Psychiatry in 1971, 1977, 1983, and 1989. The Congress itself was the main occasion of the WPA’s activity and a stage for discussing urgent and acute questions in the field. Yet psychiatric issues with political implications, particularly the Soviet case, were not welcomed by the body’s leadership. It tried to avoid interference in Cold War affairs and maintained ties with its main accused, the USSR, which also happened to be one of its biggest member. This was exemplified clearly by the Congress of 1971, when, despite the appeals from Soviet

dissenters and some of Western national psychiatric associations, mainly British, the decision was made not to put this question on the agenda.

However, due to the constant flow of information about new cases of psychiatric abuses in the USSR coming to the West, active demands of Western psychiatrists to pay attention to the problem, and their attempts to investigate the cases of Soviet malpractice by themselves, situation had changed radically during the 1970s. The next Congress of 1977 became the last (up to 1989) when the Soviets participated there. Notwithstanding keen clashes within the WPA, its official condemnation for using repressive psychiatry for political purposes in the USSR was adopted. In the following years the situation was escalating. The growing tension between the USA and the USSR in the Cold War and worsening situation with human rights in the Soviet state became additional background for this problem. Aware of the possibility of expulsion from the WPA at the upcoming Congress of 1983, the Soviets decided to resign. They were readmitted under strict conditions only in 1989, after complicated discussions within the WPA from the American side, but by then liberal reforms in the USSR were already taking place. It seems that inner tension from Western psychiatrists inside the WPA was one of the crucial factors explaining why the organization could not stay apart from the political psychiatry in the USSR and had to deal with this matter.

At the same time, Soviet psychiatric abuses brought to light some sensitive questions related to the medical profession, and provoked active debates within the Western psychiatric community. The WPA strove in the early 1970s to keep a neutral stance and stay on good terms with the Soviets pushed foreign psychiatrists to look for an alternative ground for discussions, quite often informal one. They found it in conferences, various meetings, publishing in

scientific journals, especially psychiatric, spreading their attitude and opinions on topic through the media.

Three main questions concerned Western physicians regarding psychiatric abuse in the Soviet Union: violations of medical ethics, the sociopolitical environment in the USSR as the source of specifically Soviet clinical practices, and the issue of consistent application of diagnoses. All these problematic matters overlapped and were connected among themselves in certain ways. But Western psychiatrists targeted different aspects of these questions. Analyzing such discussions, it becomes obvious that the matter of ethics was crucial for them. Violations undermined the very principles of their profession and put an intolerable burden on the Hippocratic Oath. Both directly and indirectly, the Western psychiatric community condemned these outrages against Soviet dissenters.

Yet foreign physicians also tried to understand the root causes of such repressive medical practices used by Soviet colleagues. They realized that life on the other side of the Iron Curtain could have distinct dimensions. It was the reason why doctors tried to look at political, social, and cultural factors of the environment in which Soviet psychiatrists lived and worked. Western psychiatrists agreed that their psychiatric practices could be abusive under certain circumstances as well, but they were concerned about the close dependence of Soviet science, and especially psychiatry, on its relations with the state. This phenomenon put Soviet psychiatrists in a situation where they became a tool in the repressive state apparatus. The Western scientific community was sure that such conditions strongly influenced the development of psychiatry in the USSR. Even more, the Soviet diagnostic system for mental diseases elaborated by Andrei Snezhnevsky, the chief ideologist of repressive medicine in the

USSR – a system which differed from Western conventions in many points – was intended to meet the needs of the Soviet state in dealing with dissent.

At the same time, the participation of foreign psychiatrists in the problem of political psychiatry in the Soviet state spread much further than verbal discourse. The destinies of concrete dissenters who were incarcerated in mental hospitals because of freethinking became one of their main concerns. Moreover, it was a mutual challenge for them as two counterparts in these stories provoked them to do so. There were Soviet political inmates who asked them to help and Soviet colleagues who violated the professional code of behavior. So they became involved in signing appeals, writing letters to the Soviet authorities, and participating in campaigns to release Soviet freethinkers from psychiatric incarceration. One more reason that guided them was so-called “corporate” principle of profession and meant to help to their Soviet colleagues in the USSR who remained faithful to professional principles, refused to cooperate with the state and were persecuted for this anti-Soviet activity.

It should be noted that their activity joined the wide and comprehensive human rights movement in the West which started to take turns after the Helsinki Accords of 1975. Yet there was one more dimension – international – which united not only the West, but the USSR in the human rights struggle as well. Furthermore, the outcomes of their involvement were not only multiple cases of released dissenters but also reflections upon the role and mission of the Western psychiatric community.

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