Power in psychiatry. Soviet peer and lay hierarchies in the context of political abuse of psychiatry

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Abstract
Soviet political abuse of psychiatry in the Brezhnevite era offers a rich case study of entanglement between various layers, impact spaces, and actors of power. This article discusses two types of discursive power in Soviet psychiatry. One sprang from the madness-affirmative cultural canon, in which dissidents sought their self-legitimation. More prominently, there was the power of psychiatrists within their own hierarchic system. I analyse how the action scopes for psychiatric power varied, depending on whether the recipient was a patient or fellow professional. Here, the inherent hierarchy structured and regulated the peer community and secured the stability of medical practices – and of the political entanglement of these practices and actors with the state-owned places of power.

Keywords
Dissidents, expert community, hierarchies, power, Soviet psychiatry

Reaching for power – an introduction
What is the power of psychiatry? How does it manifest itself? What forms does it take, and what particular shape did Soviet psychiatry have when it caused a storm of international criticism in the 1970s? This critique evolved around an allegation that was later proved to be true: Soviet psychiatrists continually hospitalized active political dissidents and diagnosed them with mental diseases of various severity, most notably with schizophrenia (Reich, 2018: 24). In doing this, they discredited political and cultural non-conformism in the USSR, isolated its major actors and subdued them to unnecessary, humiliating and health-damaging treatment. No official figures were available until the present day (Schott and Tölle, 2006: 197), but it is estimated that around 1000–1500 mentally healthy people were captured within the system of Soviet mental care at any given time in the 1970s (Podrabinek, 1979: 140).

This article is an attempt to investigate the types of power within the varied and contested field of Soviet psychiatry. In an unavoidably brief manner, I dissect this institution, its thought tradition, and its set of practices and epistemic assumptions. I single out individual categories of actors in this

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power equation, and discuss relations between them. However, I do not go into much detail on the individuals who were fully or mainly state officials, as they were always present in a strictly state-owned and state-oriented society and its science. Instead, I hint at the junctions to their power domains each time these are relevant.

The main focus here is on those trapped within the psychiatric system: patients (including dissidents held as patients) and doctors. For the latter group, I differentiate between those primarily practising and those researching and publishing on psychiatry and, thus, shaping this discipline and representing it at home and overseas.

With regard to power, Soviet psychiatry provided a complex constellation of several hierarchic levels, where individual, collegiate, administrative, civic and political loyalties intertwined in peculiar, not always comprehensible, ways. This entanglement of agencies met different action scopes, which were rarely delineated explicitly, but they remained feasible and practical for most of the players involved. Like other Communist societies, the Soviet one had some grey networks, not always directly illegal, but largely unofficial. The flexibility of these networks allowed actors in them to adopt and soften shortcomings of the political and economic system (Guriev, 2004: 490) and led to creation of what Katselinenboigen (1977: 62–3) tagged as coloured markets. The six colour tags stood for varying legal status as well as the state’s readiness to acknowledge and maintain such a market. The goods offered on these markets were not necessarily proper economic commodities; rather, people with various powers entered the unofficial networks to offer, consume and negotiate services and benefits, including the easier chance to enter the psychiatric system – as a patient, as a medical practitioner, or as a renowned scholar.

Throughout this article, I repeatedly use the term ‘power’ in a largely Foucauldian sense of a dispersed, implicit mechanism to enhance inner societal coercion and cohesion of discursive practices, to streamline the preferred ones and to bracket out and sanction those considered unwanted (Foucault, 2017: 39–40ff.). Clearly, it is also, necessarily, the consideration of power dispositive of a psychiatric treatment process (Foucault, 2015: 67ff.) and of a psychiatric asylum as a heterotopic space (Foucault, 2005: 11), which I use as a methodological canvas for my argumentation.

However, what distinguishes my approach to the power within the Soviet psychiatric system is the matter of uni- or polyvectorality of how the power comes to be induced upon its recipients. Here, I raise the question of whether this omnipresent and repressive power was exercised by a limited set of legitimized powerholders in charge of truth and sense; alternatively – and this appears more plausible, although it complicates the system even more – was the power, at different capacities and with different impacts, dispersed and exercised by all actors in the societal equation? In my argumentative approach, I will, where appropriate, highlight a peculiar arrangement coming to the surface, which – outside the scholarly discourse – became perfectly embraced within a single verse of the iconic Perestroika single by the Soviet rock band ‘Nautilus Pompilius’ in 1986:

Here, you find no morons in leathered offices
Here, the firsts resemble the lasts,
And are, perhaps, no less tired than the last ones
To be bound by a single chain,
Tied by the one aim.

Thus, this article explores the interdisciplinary crossroads between history and cultural studies, combining topics, contents and viewpoints from the history of science and in particular of psychiatry, cold war studies and critical theory on power. Such an integrative approach allows a fresher
look at the hierarchic entanglements – pressures and sanctions – and also at the advantages and the creation of safety hubs in a system prone to, and proved of, political abuse of power.

Let us start with a brief introduction on the role of ‘madness’ in Russian-language cultures; this word served largely as a lay umbrella term for psychiatric disease before the idea of it emerged.

**Holy madness of the political dissent**

No society exists without the people it considers insane. Foucault contextualizes ‘madness’ as a conflict area where the rules of socially acceptable behaviour – speaking, living or interacting with societal hierarchies – are constructed and reinforced. He also traces the emergence and development of ‘madness’ in relation to the change of power regimes, from the Classical Age to the Enlightenment and the Late Modern age, and in parallel with the rationality establishing itself as the core of each given power regime. Depending on the epistemic constellation of each given society and on the period, the mad are regarded at some times as those to be morally re-educated, and at other times as those possessing ‘the unchained bestiality’ to be ‘tamed or trained’ (Foucault, 2009: 149). Society, in Foucault’s terms, will never fully abolish this category due to its impact as a disciplining factor, which, prescribes rules, and entitles or withdraws the right to speak. As long as post-Enlightenment European societies construct themselves as based on rationality and reason, the mad must necessarily serve as a core ‘Other’. It is then to a certain extent a matter of one’s own conceptual validity that a power regime must attest its ‘nonsensical’ – or rather anti-sensical – Other, its patient as mentally ill and, thus, make its voice and agenda mute (p. 545).

Thus, in Foucauldian terms, a psychiatric patient represents conceptual danger to the host society, for he or she is like a carrier of some anti-power, which has the potential to overthrow the stable and governable architecture of power in a given society. Moreover, the patient’s irrationality may accumulate, multiply and contest society’s established canon or ration, sense, governmental-ity. The fear of the anti-sensical, in our case represented through ‘madness’ as having the potential to overthrow hierarchies and orders, actually resembles the Kuhnian logic of revolutions in science. There, too, a paradigm topples over if overloaded with problems contradicting its structural logic and sense (Kuhn, 2012: 103 ff.)

In apparent contradiction to this analytical logic stands the psychiatric discourse on madness in the Russian-speaking communities. This discourse regards itself as rooted in a long tradition of humane approach to a mentally-ill subject. An argument here is that, compared with other European powers over the centuries, the diseased would not be expelled from society or punished for their malady, but in the worst cases sent to live with and be cared for by monks.

I do not intend to overthrow Foucault’s argumentation here, or a fairly common acceptance that Russian-shaped communities (if a Luhmannish file-box for cultural belonging is needed) are best stored within the Occidental post-Enlightened thought collective (Fleck, 1981: 38ff.). At the same time, in considering how societies handle madness, Russian-speaking communities seem to exercise a laxer approach, traceable in both Orthodox and partially Islamic traditions. Here, the Orthodox-shaped Slavonic culture dealt with the ‘insane’ within its traditional institute of ‘fools for Christ’ (Hunt and Kobets, 2011). This figure was a mixture of a court jester, a monk and an insane person, for example, a holy madman, a lay preacher living with no propriety, neglecting society’s norms and hierarchies, denying worldly power through an explicit appeal to the sacred one.

This orthodox phenomenon was widespread in Russia before the country increased its contact with Europe under Peter the Great (Brintlinger and Vinitsky, 2015: 7). From the nineteenth century onwards, the figure of a ‘fool for Christ’ largely switched from the everyday to the domain of literature, art and nostalgic imagery of the pre-Petrine, pre-westernized Russia. In art and literature, it
was re-appropriated as a part of the larger trope: madness as a strategy and personal flight from despair in a hermetic society lacking political reform. Thus, madness, medical and strategic, became a popular and recognized trope among the intelligentsia, the educated middle class of the late Empire. Rebecca Reich insightfully shows how the trope of madness from classical Russian literature reached political dissidents of the post-Stalinist era, as it was again re-appropriated as a part of self-identification, renowned as traditionally noble and tragic in its hopeless fight against the oppressive state system (Reich, 2018).

Thus, this fuzzy boundary between anti-governmental political engagement and madness has deep roots in Russian culture well before the political abuse of psychiatry drew international attention in the 1970s. The Soviet era contributed to a further development of this trend. The notion of a ‘New Man’, as imagined by the Soviet societal engineers and dreamers, combined biological Darwinism, known as eugenics elsewhere in the world, with an extreme level of politicization.

Political loyalty to the Communist Party counted as the key element – even if the party course itself would loop and zigzag until no longer recognizable. This devotedness often demanded almost intuitive awareness of politically correct actions, and was branded as both a nationwide, but also an intimate individual struggle for a better society – and a struggle to become worthy of such a society. Consider a quote by Maiakovsky, both telling and suggestively mobilizing for the potential audience: ‘I purge myself in order to be like Lenin, so that I can go on with the revolutionary flow (in Zimmermann 2008: 37; my translation).

Analysing this peculiar pattern of a new Soviet citizen from the perspective of Soviet psychological science, Thomas Kussmann offered an insightful argument. In contrast to other totalitarian ideologies of the twentieth century, the Soviet one envisioned its average subject as inherently responsible and politically mature (Kussmann, 1974: 38-43). Supposedly, this subject possessed an inborn class awareness, and this, together with maturity and class instinct, allowed him or her intuitively to recognize and accept the societal – and historical – superiority of the Communist regime and his or her individual responsibilities to society.4 Vice versa, not recognizing the superiority of communism equalled lack of class-consciousness and maturity of judgement5 – perhaps due to medical reasons, for the Soviet system was assumed to have eliminated all the negative societal factors anyhow.6

This can be illustrated by a chaotic mixture of what was considered mentally ill and criminal in the official report sent to Yu. Andropov by a local KGB official, S. Smorodinsky, in 1969 (Smorodinsky, 1970). The document calls for the improvement of psychiatric prophylactic measures in the region of Krasnodar due to the increasing number of socially and criminally dangerous acts committed by mentally-ill persons. Enumerating the problems faced by local authorities, Smorodinsky intertwined phenomena that might be attributed to genuinely ill people (hallucinations, expressed wishes to revive Lenin in the Mausoleum) with purely criminal acts (cutting off one’s own son’s head) and acts of clear political activism (appeals to create institutions controlling the local authorities or wishes to emigrate). This document exemplifies the monopolization and overexpansion of governmental power, even to the extent of labelling mere expressions of dissenting political opinion as belonging to the domain of psychiatry. This merging of political and psychiatric power must be borne in mind, as we will now have a closer look at the areas of activity of some types of actor within the system.

Soviet society, as we can see, operated on a vague and quite peculiar dichotomy for psychic deviance, whether it was of a genuinely medical nature or because an opinion did not fit into the Marxist mainstream. On the one hand, there was a well-rooted tradition of almost prestigious ‘madness’: transcendent extravaganza of ‘fools for Christ’ and then noble, affected madness of the figures of tragic reformers in the literary canon of the nineteenth century. On the other hand, Soviet society openly stigmatized any politically deviant opinion as being most probably psychiatrically
based. The former role gave its bearer the cultural capital of the authority of a misfit: tragic and relatably intelligent, unpractical though almost spiritual, and thus the structural power of a traditional cultural authority. The latter, however, negated any authority in that it tabooed and continuously reinforced public awareness and animosity against political disloyalty to Communism as acts of immaturity, betrayal or psychiatric disease, which in its construction was devoid of cultural capital, dignity and power – and could thus only be pitied.

Soviet dissidents operated, conceptually, in a grey zone between these two extremes. Due to the state’s meticulous control over public discourse, only few of them ever reached recognition as bearers of cultural and spiritual authority. Andrey Sakharov was undoubtedly one of these few. However, even in Sakharov’s case, the recognition never occurred publicly, and never saved him from long-term exile to Gorky. Vladimir Bukovsky, another prominent dissident, whose engagement and activities actually drew international attention to the political abuse of psychiatry in the USSR, spent years in prison, before he was released – and immediately banished from the USSR in an operation of state exchange for the Chilean Communist party head, Luis Corvalán (Hurst, 2017: 32, 43–5). Upon this exchange, the Soviet oral tradition, which was subversive to the state, created a famous verse, but it will not be quoted here as it contains obscenities. Bukovsky is tagged as ‘hooligan’ in the verse, perhaps in order to rhyme, but the attribute summarizes well how dissidents were regarded by the general public of the USSR: neither noble, nor sick, but mere hooligans.

Receiving end: the art of being patient

Dissidents, as we have seen, navigated dangerous and treacherous waters between the cultural capital of the noble madmen and the powerless, tabooed and sanctioned label of the sick and/or hooligans. Deeper insight into this subject certainly deserves an article of its own. However, we will encounter dissidents later in the present study, for they entered the power field at many points and, as time progressed, with newer valences.

The psychiatric system itself is also of much interest. In order to sketch the architecture of power in the spectrum of Soviet psychiatry, let us single out actor types and arrange them in context to each other: from those with the least to those with the most powerful impact and the broadest action space. In doing so, we necessarily start with patients, who were on the receiving end of the actions, while executing very little power on their own.

Who were the people who became patients confined to mental asylums or ambulant psychiatric treatment in the USSR? A rather rich field of research on the Soviet approach to the nature of psychic disease repeatedly points at what I could call a physiologization tendency: manifestations of illness would more often be explained in neurological and biological terms than tied to harmful environmental factors and social stresses.7 This biological rather than social approach to psychic disease might slightly relieve the stigma, as the person in question would be considered to suffer from something he or she could not control or change. The same logic led to the temptation to which many psychiatrists succumbed, when they determined mental illness in people whose political or cultural opinions did not fit into the mainstream and then treated them with hard psychopharmacological drugs.

When dealing with the epistemic conflict around political instrumentalization, one soon notices how little attention was given to those who were genuinely ill. Podrabinek (1979: 88ff.) briefly mentions poor living conditions in asylums, and regular psychological, bodily and sexual violence towards patients. Leonid Plyushch, a Soviet Human Rights activist (and an internationally renowned mathematician), was a dissident who spent three years confined in Dnepropetrovsk (Reddaway in Khodorovich, 1974: xiii–xiv), also refers to the experiences of other patients in his autobiography (Plyushch and Carynnyk, 1979: 304–7). However, the international, Human
Rights-related and Soviet attention was largely focused upon those unjustly confined than on the devastating conditions and humiliating treatment of the mentally ill in general.

There is evidence that the Soviet medical system had a rather paternalistic, and sometimes quite incomprehensible approach to its patients. Barr (1996) addresses, among other peculiarities of the local medical system, the overextension of medical confidentiality in post-Communist Estonia. Medical practitioners deliberately withdrew information from patients if they had diagnosed serious diseases such as cancer, and tended not to inform patients and their families of poor prognoses, or of possible alternative treatments. The argument Barr quotes here is the care for a patient, who would not otherwise be able to cope with the stress.

This patronizing attitude of tutelage contrasts dramatically with the responsible and ideologically mature New Man of the Soviet Union, mentioned above. In everyday psychiatric practice, the condescending paternalistic approach bordered on deliberate neglect and routine abuse of power. Being a psychiatric patient in the Soviet Union would often mean not knowing the names of the treating practitioners or when the next forensic assessment was due. According to the law, psychiatric patients should be regularly re-examined, so that their treatment could be adapted or stopped if it was no longer necessary. In practice, however, the examinations happened, if at all, at rather irregular intervals and at times by proxy, without the patient being present (Podrabinek, 1979: 53–7, 76–8). Patients were also physically and sometimes sexually abused by the warders or fellow patients, and given purely punitive injections of strong psychotropic drugs (p. 90).

On the level of legislation, the Soviet health-care system provided citizens with quite a lax, multi-layered structure of sociopsychological and psychiatric care, with confinement serving as a last resort. Wing (1974: 433) praises this system: a patient experiencing mental problems would first come to a general practitioner in a polyclinic, who was entitled to prescribe specific psychiatric medication (this did not happen on the other side of the Iron Curtain). If the symptoms did not subside, the patient would be offered a consultation with a psychiatrist at the outpatient clinic. Every psychiatrist would also have time for home visits. If these measures did not work, the patient would be offered hospitalization, according to the law (pp. 434–5). Involuntary confinement was legally regulated by the laws reformed in 1961 and 1971, which allowed it in cases of risk to the patient or to others, or patients with the ‘wrong’ behaviour. It is conspicuous that the detailed explanation of what comprised such ‘wrong’ behaviour was reduced to a couple of general sentences in the 1961 law and was even shorter in the 1971 version (both texts are given in full in Podrabinek, 1979: 180–6). This freed medical practitioners, including psychiatrists, from legal prosecution in the case of a false diagnosis or other malpractice; it also created a precarious grey zone, where the norms of the law could easily be ignored.

However, one category of Soviet citizens actually yearned, at certain periods of their lives, to become psychiatric patients. In the days of Stalinism, being diagnosed with a psychiatric disorder and isolated in an asylum was considered very lucky in comparison with suffering the severe hardships of GULAG-camps. Gradually, Soviet criminals discovered the advantages a false confinement might bring, in contrast to the harshness of a prison regime or even capital punishment (Podrabinek, 1979: 83). The legal reforms mentioned above also regulated involuntary hospitalization and medical treatment of legally non-certifiable criminals. This created a loophole, which was apparently known and sought by very violent offenders. Those whose crimes were very serious – particularly sexual abusers, and especially paedophiles – expected they would be treated with harshness both by prison warders and by fellow prison inmates. Being considered non-liable would land them in psychiatric confinement, which might be less cruel and fatal than a prison term – or a capital punishment. N. Gorbanevskaya claimed that a vast majority of her inmates in the Special Psychiatric Hospital in Kazan were murderers who had been determined to be legally non-liable, with some clinical decisions being very questionable (Podrabinek, 1979: 86).
Criminals apparently sought the crude regime and potentially health-damaging psychotropic treatment as a better alternative to a bullet or a harsher life in prison. Surprisingly, there were also other instances of ‘fake’ patients in Soviet psychiatry. A few managed to emigrate – or were forced to do so. As Western psychiatrists and public figures appealed for the end of politically-motivated diagnoses in the USSR, their Soviet colleagues, if answering at all, referred to some of the exiles and emigrants and claimed that they were mentally ill.9

As a rule, being a patient or a dissident considered to be mentally ill put an individual in a position where he or she was exposed to strict, at times severe, punitive disciplining and a paternalistic or derogatory attitude of the medical staff. The mechanisms for control, or for subversion of power were less numerous. Tatyana Zhitnikova, the wife of Leonid Plyushch, reported that, during the three years her husband had to spend in a mental asylum in Dnepropetrovsk, she was repeatedly refused contact with – and reliable information on the names of – the doctors responsible for his ‘treatment’ (Melnikov, 1976).

The case of Plyushch gained wide public attention outside the Soviet Union, from the diasporic Ukrainian newspapers in the USA to individual psychiatrists, and the Communist Party of France even campaigned for the release of the dissident. Similarly, much public attention from countries outside the Warsaw Pact had an impact and this helped in the eventual release of General Petro Grigorenko who was re-assessed and proved to be mentally sane. Also, the biologist Zhores Medvedev was released only after a rapid and widespread international protest campaign against his confinement (Medvedev and Medvedev, 1971: 83–6, 109–12).

The only way a person might eventually avert a politically-motivated psychiatric diagnosis was if he or she was internationally renowned. However, the tool was never effective enough to avoid the danger of confinement, as this might happen even if the person provided in advance a clinical decision stating his or her sanity.

If the name of a prisoner of conscience, who was confined to unjust psychiatric treatment, reached international audiences, there was no guarantee that this person would be released. The International Association for Prevention of Political Use of Psychiatry received and circulated many names. For some of these people there were active campaigns, e.g. Leonid Plyushch. Sometimes, however, there are no further traces of campaigning or release; an example is the case of six political activists from the Kazakh SSR, whose names and circumstances were still being reported for international campaigning in 1989 (Podrabinek, 1989).

International recognition gave such patients a slight hope of release without the need to abandon their attitudes or denounce fellows (Podrabinek, 1979: 75). However, ‘ordinary’ patients had little or no chance of better conditions or release. They lacked international prominence as prisoners of conscience, and the issue of general improvement of conditions for Soviet mental asylums was hardly ever raised during the decades of the conflict around the political abuse of psychiatry.

**Soviet psychiatrists: ‘the small ones’ and ‘the intellectuals’**

When reflecting on his personal expectations about Soviet participation in the forthcoming World Psychiatric Congress 1977,10 Leonid Plyushch, who was at the time a political refugee in France, differentiated between the ‘intellectuals’ and the ‘small’ psychiatrists.11 He said it was the former type that would represent Soviet Psychiatry at the Congress, but the latter – who were involved in politically motivated practices every day – would be missing from international and public attention at the Congress.

What Plyushch referred to here was yet one more hierarchic gradation in the system, this time within a seemingly homogenous group of Soviet psychiatrists. On the legal surface, every
medical psychiatrist in the USSR was obligatorily a member of the All-Union Society of Neuropathologists and Psychiatrists (AUSNP). This membership was a necessary condition for their careers, similar to the necessity of being a member of a trade union or of the Communist party. The AUSNP checked publications and exchange programmes, organized conferences and served as a platform for communicating the official line on any arguable issues in treatment regimes or paradigms.

The implicit hierarchization within the system partially overlapped with the geographical notions of centre and periphery. Dissidents repeatedly pointed out that most of the politically-motivated diagnoses originated from Moscow-based, high-rank psychiatrists, most notably those closely affiliated with Snezhnevsky. This group held key positions in many strategic places: at the AUSNP, the Academy of Medical Sciences, Soviet Ministry for Health, and highly prestigious institutions like Research Centre for Psychic Health and the Serbsky Institute of Forensic Psychiatry. The last held a survey and control function over the whole Union’s forensic decisions (Smith and Oleszczuk, 1996: 26–7), could revise diagnoses if considered necessary, and had the immanent tradition of political diagnoses ever since the earliest documented cases during Stalinism.

According to Plyushch, many Ukrainian psychiatrists refused to certify dissidents and instead referred them to Moscow’s Serbsky Institute of Forensic Psychiatry; these avoidance tactics did not pass unnoticed by the Soviet Attorney-General’s Office, as was explicitly stated in a separate letter to republican, regional and city prosecutors from Gusev (1972). Like Ukrainian colleagues, Leningrad psychiatrists also reportedly referred overtly unsound cases to higher authorities.

Moscow-based ‘intellectuals’ of the Snezhnevsky School, as well as controlling the key positions in medical practice, academic publishing, at the Academy and at the Ministry, regularly participated in large-scale events of the international psychiatric community, representing the Soviet Union in cooperation projects, or in organizations such as the World Psychiatric Association and World Health Organization. They sent reports of these participations to the Minister of Health and, one step further, to the KGB. One such report was written after the WPA Congress in 1977, at which there had been collective condemnation of the political abuse in the USSR; the report summarizes the events concerning the condemnatory vote of the General Assembly, and also describes the attempts that Soviet ‘intellectuals’ made to influence the vote and their proposed programme of response measures (Health Ministry, 1977).

Thus, ‘intellectuals’ largely set the tone or even explicitly defined the paradigmatic vectors that the discipline followed. Internationally, these were the faces of Soviet psychiatry – a few personalities entitled to trespass the hermetic borders of the USSR and speak on behalf of their discipline abroad. Within the country, they negotiated these vectors with officials in the Ministry for Health, the Politburo and the KGB. Within the AUSNP, they defined the issues for discussion in plenary meetings (Melnikov, 1976). From the steering board of the Academy of Medical Sciences, via control of the country’s only all-Union-circulating peer journal Korsakov, and through the controlling and surveying functions anchored in law, they exercised a perfect grip on how psychiatry should be approached, both scholarly and medically.

Considering their important positions at their institutions, as well as the prestige of their status as Academics of the Academy of the Medical Sciences of the USSR, it appears highly improbable that these individuals took part in everyday treatment practices at their own or any other institutions in the 1970s. Local psychiatrists carrying out these duties often remained unnamed, sometimes, as we see from the evidence of Zhitnikova mentioned above, deliberately refusing to reveal their names. This fact might be interpreted as a partial confession of guilt and an attempted further distancing between the psychiatrist and the patient. The former had power over the latter, who had no power to reply, and did not even know the name of the person responsible for his treatment.
The renegades: psychiatric disloyalty and lack of cooperation

As stated at the beginning of this paper, any actor type should be regarded as a rough sketch of a multi-layered group of people, to a certain degree varying in its agencies and impact scopes. We should bear in mind that not every Soviet psychiatrist had to make the moral choice of whether to submit to the power of the state and diagnose a politically active person as having a mental disease. Also, not all psychiatrists treated their patients, whether or not they were dissidents, in a paternalistic or humiliating way. Alexander Podrabinek refers to instances when hospital psychiatrists ordered the psychotropic drugs to be discontinued for the hospitalized Human Rights activists, and they conversed and even exchanged books with them rather than isolating, punishing or breaking these people (Podrabinek, 1979: 69–72). 

Nataliya Voykhanskaya, a psychiatrist from Leningrad, went as far as to help a dissident, Vladimir Faynberg, to leave hospital and she married him some time later. Some of the specialists, such as Anatoly Koryagin, opted for cooperation with the dissident movement, in that they – after-hours or during night shifts – issued medical certificates for those whose political activism might soon attract the attention of state officials.

Both Voykhanskaya and Koryagin, who faced peer exclusion, loss of their jobs, and legal persecution, were released after huge campaigns by their colleagues abroad and were forced to leave the Soviet Union (Appleby, 1987). A young psychiatrist from Kiev, Semion Gluzman, faced legal prosecution when he attempted to re-assess the medical case of a General Grigorenko (see above). Interestingly, the case of Grigorenko, who was initially diagnosed with schizophrenia by a council of Moscow psychiatrists including Snezhnevsky and Lunz, attracted the attention of another specialist. When Grigorenko arrived in Tashkent, where he was to be confined far away from the more central regions of the USSR, the chief of the psychiatric service of the city, Fedor Detenhof, made his own psychiatric assessment on the General, despite having been provided with a ready-to-confine medical file from his Moscow colleagues. He found that the Grigorenko was sane and well. Detenhof was merely invited to Moscow for a meeting with his colleagues and he never experienced professional or legal persecution as Semion Gluzman did, although the rights of Grigorenko were not reinstated.

The reason for this difference might lie in the fact that Detenhof belonged to the older and highly prestigious caste of Moscow-educated, early Soviet psychiatrists. His position in Tashkent, far away from any central platforms of psychiatry, was not due to a less prestigious degree or banishment from the capital, but resulted from the early educational and medical politics of the Soviets, which had driven some quite progressive, cutting-edge researchers to attempt to build up Soviet science at the national frontiers. Back in the 1930s and 1940s, Tashkent became the city of culture and science in Central Asia, with generous donations from both the republican and the union’s budgets; it had the first and – until well into 1960s – the only university in the region. The Central Asian University, was initially staffed with prominent scholars from Moscow universities. Detenhof himself graduated from the oldest medical university in the country. Although a position in Tashkent was effectively isolated from any actual decision-making and any relevant platforms of peer exchange both in and outside the USSR, the cultural prestige of Detenhof’s affiliation was strong enough to ensure that he had comparative freedom of action in his region.

Expelling the young Semion Gluzman from the profession caused an international outcry, but openly sanctioning Detenhof would have jeopardized the tacit play-rules of corporative solidarity within the USSR.

External forces

The examples discussed provide a brief and unavoidably shallow glimpse of the complexity of power-related hierarchies within the Soviet psychiatric field of the Brezhnevite era of political
abuse. Also crucial for the panorama of the development in psychiatry during the Cold War (although not discussed in this paper) were the international actors, who acted both individually and via their representative organizations. As Soviet dissidents managed to reach Western audiences and draw their attention to the issue of politically motivated diagnoses, the expertise and opinions of professional colleagues from other states of the world were sought. In non-Communist states of Europe and in the USA, lay audiences developed growing interest – and exercised ever more pressure upon these experts, urging them to public statements of condemnation as well as to open protest against the suppression of political dissent via psychiatry in the USSR. Psychiatrists in non-aligned states worldwide also came under pressure as their Western colleagues, condemning Soviet peers, sought allies among the professional community (as responded to and reflected upon in peer correspondence, e.g. Cfa, 1982; Feldbrugge, 1977; Reisby, 1982). Accordingly, a broad range of opinions emerged and were added to the current agendas of national and international peer organizations, with participants discussing their power valences, duties and professional loyalties.

Although all these psychiatrists would have had sufficient expertise – epistemic power and authority to decide whether to diagnose insanity or dissent – their structural power to act, to intervene or to reject collegial solidarity was heavily debated. The debate necessarily clashed with the power space of Soviet colleagues, for it openly contested their authority and professional validity.

Pressed on both sides – by the state actors at home and by peers in international platforms of communications – Soviet experts sought a solution with minimal damage to their prestige. Their decision was to withdraw from platforms of open confrontation, such as the World Psychiatric Association, which they did in 1983.

This contributed nothing, but harmed their international image as, in Western eyes, a walk-out equalled an admission of guilt. Yet at the same time, within the USSR, it allowed the Soviets – or rather those directly involved in negotiation of the conflict – to maintain their strategic control over the flows of information, and the distribution of privileges, funds and positions. In fact, they managed to maintain their hold of control until well after the beginning of Perestroika in the 1980s and even after the demise of the USSR. This, however, is a whole new story to be told another time.

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**Notes**

1. Katselinenboigen differentiates between various shades of illegality/unofficiality of markets, goods and services persistent in the Soviet economy, presumably devoid of anything but the plan. Following this logic, I expand the argument and speak of complex constellations of markets and ‘markets’ which produced – not always consumer goods, services and meritocratic pleasantries (consider the institute of blat – AS) – but regularly the added value to enforce cultural capital byboosting dignity and distinction.

2. Translated by present author, AS. For full translation of the lyrics, also in languages other than English, see, e.g. Lyrics Translate, 2021.

3. On synergies with ‘holy madness’ in the Byzantine Empire, see: Ivanov, 2006; Poulakou-Rebelakou et al., 2014; Rotman, 2016. For a roughly comparable tradition (in background raison d’être, but not in complexity of practices), consider also the dervish tradition in Sufism, e.g. in Karamustafa, 1998.

4. See also Marxist-Leninist writings on dialectic materialism, the paradigmatic template for the Soviet ideology, e.g. (in German) in Redlow et al. (1972), which was an introductory manual for school students in the GDR.

5. These two arguments are recurrent and omnipresent in most state-actor communication documents between the Central Committee in Moscow and executives in other places, as well as for many KGB
6. Consider classical argumentation, e.g. by Rostow (1954: 107–8), on the Soviet regime — deliberately opting to see psychic disease as merely physiological in nature.

7. This tendency was explained quite early by Rostow (1954: 107–8). The Soviet regime saw itself responsible for eliminating the stress factors that it claimed were responsible for social ills, such as poverty, psychic disease, alcoholism and many more. In extension of this mission, claiming social factors to be responsible for someone’s mental unhealth became politically unfavourable. Consider also that psychoanalysis was, at least officially, largely denied scientific validity in the USSR. It does not mean that Soviet psychiatry completely rejected the influence of social factors, but it clearly favoured biological reasoning – and pharmacological treatment. Authors of the time openly reflected upon it, e.g. Holland (1976: 139–40) in her article comparing diagnostic procedures for schizophrenia in the USSR and USA. Garrabé (2007: 261) refers to Soviet psychiatrists joking with their international colleagues at the World Psychiatric Congress 1966 about this oversimplified yet common idea about the West tending towards talking, and the East (i.e. USSR) towards giving drugs.

8. Interestingly enough, the USSR was far ahead of many of the world’s leading democratic nations in releasing this law.

9. See Snezhnevsky (1982): in a letter to the President of the Royal College of Psychiatrists, Sir Kenneth Rawnsley, he protested against Western actions.

10. This Congress, organized by the World Psychiatric Association, was the platform where the official condemnation of psychiatric abuse was proclaimed, resulting in the release of the Declaration of Hawaii, one of the cornerstone documents on psychiatric ethics worldwide.

11. See Melnikov’s (1976) interview with Plyushch.

12. The book by Elena Budilova (1975) on the historical development of Soviet psychology is an insightful example of the fact that there could be only one accepted, politically adjustable paradigm concerning, e.g. image of humanity, ethics, duties, and responsibilities, within mental health care in the USSR.

13. Plyushch classified them as the ‘intellecutuals’; see Melnikov, 1976.

14. Andrey Snezhnevsky was a prominent figure in Soviet psychiatry from the late 1940s until his death in 1982; he was a corresponding fellow of many prestigious international peer organizations, including the Royal College of Psychiatrists. He introduced the term ‘sluggish schizophrenia’, a diagnosis that was notoriously often tied to politically-motivated cases.

15. This happened in the case of General P. Grigorenko, who, after an initial Serbsky-diagnosis of schizophrenia, was attested sane by F. Detenhof, the chief psychiatrist of Tashkent, where Grigorenko was arrested yet again for his Human Rights activities; see Shifrin, 2017.

16. Plyushch explicitly mentions a Snezhnevsky persona propria, Georgy Morozov; the list could be continued with such names as Marat Vartanian, Eduard Babayan, Daniil Lunz and others.

17. I will not comment here on the clear breach of doctor-patient ethics.

18. On development of Tashkent into the cultural and scholarly hub of the Central Asian region, see Stronski, 2010.

19. Currently, Mirzo Ulugbek National University of Uzbekistan.

20. On the structural mutation of science under Stalinism, and the pertaining patterns of scholarly inbreeding and corporativism, see Yasnitsky, 2015.

21. Hurst (2017: 5) describes how this quest needed several attempts to reach Western audiences, which had to undergo some changes before they grew aware of the Human Rights issue and could thus listen to the Soviet cause.

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