

**CICERO FOUNDATION GREAT DEBATE PAPER**

**No. 15/01**

*March 2015*

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**POLITICAL ABUSE OF PSYCHIATRY  
IN RUSSIA:  
BACK TO THE USSR?**

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Cicero Foundation Great Debate Paper No. 15/01

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## **Political Abuse of Psychiatry in Russia:**

### **Back to the USSR?**

Robert van Voren

#### *Introduction*

Over the past years an increasing number of reports on the internment of political activists in former Soviet republics led to a resumed interest in the issue of the abuse of psychiatry for political purposes. The cases of the Muscovite Mikhail Kosenko, one of the defendants in the Bolotnaya case who was sentenced to compulsory psychiatric treatment, and of the Ukrainian kidnapped pilot Nadya Savchenko, who was sent to the Moscow Serbski Institute for psychiatric evaluation, reached wide public attention and made people realize that almost 25 years after the disintegration of the Soviet Union in some of the former Soviet republics psychiatry is still used as a tool of repression.

The use of psychiatry as a means of political repression was and is not limited to the former USSR. Although in the period 1960-1990 most of the known cases took place in the Soviet Union and its satellites (e.g. Romania, Czechoslovakia, Bulgaria), the abuse was equally widespread in the People's Republic of China, and was for a while practiced in Cuba. In addition, South-American military dictatorships frequently used psychiatrists to assist in determining the most "effective" means of torture, and as recently as this century the CIA made use of psychologists to develop the most "sophisticated" enhanced interrogation techniques used against suspected Al Qaida members.

According to a position paper of Human Rights in Mental Health-FGIP (formerly the Global Initiative on Psychiatry),

“Political abuse of psychiatry refers to the misuse of psychiatric diagnosis, treatment and detention for the purposes of obstructing the fundamental human rights of certain individuals and groups in a given society. The practice is common to but not exclusive to countries governed by totalitarian regimes. In these regimes abuses of the human rights of those politically opposed to the state are often hidden under the guise of psychiatric treatment. In democratic societies ‘whistle blowers’ on covertly illegal practices by major corporations have been subjected to the political misuse of psychiatry.”<sup>1</sup>

### *Why Psychiatry?*

In my view, authorities resort to the internment of political or religious dissenters, or other types of “bothersome citizens”, in mental hospitals for reasons of expedience and ideology. Physicians, who are educated in an all-encompassing absolute system without the possibility to get to know contrasting views and opinions (as was the case in the Soviet Union) can be convinced that the utilitarian goal of the treatment is correct and that the “patient” needs to be “adjusted” to the demands of general interest. Also, the dominance of certain scientific paradigms (e.g. in which psychiatry is exclusively a medical, neurobiological discipline) with the accompanying vocabulary (subversive views are symptoms of a mental disorder) and treatment goals (disciplining and “adjusting” the victim to the prevailing political discourse) make it very difficult to have an alternative approach.

Hospitalizing bothersome people is particularly convenient because hospitalization has no end, no set term, and thus, if need be, people can be locked away for ever, or as long as the person continues to have “wrong ideas” or remains a problem to the existing power structure.

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<sup>1</sup> The full text of these position papers can be obtained from FGIP: Write to P.O. Box 1956, 1200 BZ Hilversum, The Netherlands, or visit its website [www.gip-global.org](http://www.gip-global.org)

Declaring a person mentally ill provides a perfect opportunity not to have to respond to the political or religious beliefs, as they are the product of an ill mind and do not have to be taken seriously. In particular in the case of opinions threatening the prevalent or only-correct ideology (or religion), for authorities such a way out is especially welcome, as one can maintain the view that there is no opposition and one has a one hundred percent support of the population.

### *Political Abuse in the USSR: Dissidents as 'Sluggish Schizophrenics'*

The political abuse of psychiatry in the Soviet Union developed within a totalitarian environment, which greatly facilitated its growth. It was facilitated by the belief that persons who opposed the regime were mentally ill, as there seemed to be no other logical explanation why one would oppose the best socio-political system in the world. What happened to Soviet psychiatry was in fact no different than in the field of biology, where the teachings of Lysenko became the only acceptable truth and all other views were literally banned (Soyfer, 1997).<sup>2</sup> For decades Lysenkoism ruled Soviet biology, and it took a major effort by leading scientists like the nuclear physicist Andrei Sakharov and the biologist Zhores Medvedev to end the rule of Lysenkoism and bring Soviet biology back into line with reality.

In the same way, at a joint meeting of the All-Union Neurological and Psychiatric Association and the Academy of Medical Sciences Pavlov's behaviorism was enforced as the only acceptable ideology of mental health practice and research in the Soviet Union. The person who came out as victor and subsequent ruler of Soviet psychiatry for almost forty years was Academician Andrei Snezhnevsky (van Voren 2010).<sup>3</sup>

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<sup>2</sup> In 1927 the Soviet newspaper *Pravda* published an article stating that a young researcher, Trofim Denisovitch Lysenko (1898-1976), had resolved the food shortages in the Soviet Republic of Azerbaijan by growing peas during the winter season. The food shortage was caused in the first place by the massive re-allocation of labor force from agriculture to industry and threatened to expose the party policy of rapid industrialization as shortsighted. Lysenko's solution came at the opportune time to provide a rationale that allowed his deceptive but highly desirable rendition of genetics to rescue the party authority. Unfortunately the price was disastrous, because Lysenko's solution was not only faulty but it also legitimated the abuse of science in the Soviet Union by placing the whole domain of research under the jurisdiction of the Communist Party.

<sup>3</sup> Andrei Vladimirovich Snezhnevsky, born in 1904 in Kostroma, graduated from the Medical Faculty in Kazan in 1925. In 1945-1950 he worked as a lecturer at the psychiatric faculty of the Central Institute for Continued Training of Physicians and for almost two years (1950-1951) was Director of the Serbski Institute. Until 1961 he was head of the psychiatric faculty of the Central Institute for Continued Training of Physicians. In 1962 he became head of the

The diagnosis of 'sluggish schizophrenia' that was subsequently developed by Andrei Snezhnevsky provided a handy framework to explain "dissident behavior". According to the theories of Snezhnevsky and his colleagues, schizophrenia was much more prevalent than previously thought because the illness could be present with relatively mild symptoms and only progress later. In particular sluggish schizophrenia broadened the scope, because according to Snezhnevsky patients with this diagnosis were able to function almost normally in the social sense. Their symptoms could resemble those of a neurosis or could take on a paranoid quality. The patient with paranoid symptoms retained some insight in his condition, but overvalued his own importance and might exhibit grandiose ideas of reforming society. Thus symptoms of sluggish schizophrenia could be "reform delusions", "struggle for the truth", and "perseverance".

There is ample evidence that the core group of psychiatrists that developed and implemented this system to treat dissenters as psychiatrically ill on the orders of the Party and the KGB knew very well what they were doing. For instance, in 2001 Dr. Yakov Landau of the Moscow Serbski Institute said on Polish television that "the organs [KGB] burdened us with very responsible work (...) They expected us to do what they asked us to do, and we knew what they expected." And for many rank-and-file Soviet psychiatrists the diagnosis of grandiose reformism as mental illness seemed very logical. How else could they explain to themselves why somebody would give up his career, family and happiness for an idea or conviction that was so different from what most people believed or forced themselves to believe?

In the mid-1990s two psychiatrists who worked in Snezhnevsky's Research Center wrote an analysis, trying to explain how political abuse of psychiatry emerged and what role their former Director played in all of this.<sup>4</sup> The authors, whose names are known to the author but who are kept anonymous for reasons of confidentiality, put the role and position of Snezhnevsky against the backdrop of a totalitarian Stalinist society, where each and every branch of society was dominated by one leader, one school, one leading force. "We assume

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Institute for Psychiatry of the Academy of Medical Sciences of the USSR a position he held until his death on July 17, 1987.

<sup>4</sup> Initially the book, titled *Psychiatry, psychiatrists and society*, was to be published by the Netherlands-based foundation Geneva Initiative on Psychiatry (now "Human Rights in Mental Health-FGIP"), but was subsequently shelved because the authors had reason to believe that publication would be followed by repercussions that would affect their careers.

that [Snezhnevsky's school became the leading one] first of all because one or the other direction in Soviet psychiatry had to fulfill that role as a consequence of the general conditions [in society]." According to the authors "the political abuse of psychiatry started much earlier than is generally assumed. It started when the State used the paternalistic tradition of Russian psychiatry and forced the psychiatrists to impose a certain way of life on their patients." (Anonymous, 1995) For example, a doctor discharges a patient before treatment is actually completed, not because the patient can go home, but because otherwise the patient stays away from work too long. This negatively affects the statistical success-rate of the mental health institution, which in turn contravenes the "interests of the State". (Anonymous, 1995) In another case, one of the authors describes receiving a phone call from the local Party organs, asking to postpone the discharge of a patient for two weeks "because we don't want to run the risk of having a Communist festivity disturbed". The authors conclude that it is very hard for a psychiatrist not to fulfill this seemingly innocent request.

Soviet psychiatrists had little chance to escape the all-pervasive control by the Communist Party and its organs because of their three-fold dependency on the Soviet state: scientifically - because their research work depended on their allegiance to the Soviet authorities; politically - because they had to organize their professional life and interact with authorities so as not to lose their support; and economically - as private practice did not exist and they were all employees of the State. (Anonymous, 1995). People in leadership positions did not only need to be successful in leadership: "That success... depended on other conditions; those who were able to maintain the necessary interactions with the authorities had the biggest chance of making a career. For that they had to fulfill a multitude of requirements. Next to specific personal qualities that were necessary to be able to maintain contacts with specific Party officials, there were also other demands, in particular having a character by the book." (Anonymous, 1995)

Another factor that helped to impose political abuse of psychiatry on the psychiatric community was the unchangeable yet informal hierarchy of mental health institutions:

"The highest step on the ladder formed the scientific research institutes, then the psychiatric faculties, then Moscow and Leningrad psychiatric hospitals, then oblast

and city psychiatric hospitals, then oblast and city outpatient clinics and, at the lowest step, came the regional psycho-neurological outpatient clinics and cabinets. If a doctor who worked in a dispenser would change a diagnosis, it was usually considered as an “attack” on the institution that was higher up on the hierarchical ladder. Because for many years, a diagnosis established by a “higher institution” was obligatory to follow by a “lower institution”. (Anonymous, 1995).

In other words, if the Serbski Institute in Moscow declared a dissident to be mentally ill, no lower-placed psychiatrist would dare to go against it. Also, one should not forget that the Soviet Union was a closed society, cut off from the rest of the world. In the world of today it is very hard to imagine that such isolation was possible, but in Soviet times keeping a country isolated was much easier (no internet, no social media, etc.). In psychiatry this meant that psychiatric literature from Western countries was unavailable, except to the small politically correct psychiatric leadership. (Van Voren, 2006) The power of the Party seemed endless, and thus any person who decided to voice dissent openly ran a high risk of being considered mentally ill. As a result, the political abuse of psychiatry rapidly became one of the most important forms of repression, and approximately one-third of the political prisoners were forcibly hospitalized and “treated” with neuroleptics.<sup>5</sup>

### *The Soviet Legacy in the Post-Soviet World*

When in 1991 the USSR imploded and all fifteen Soviet republics gained or regained their independence, the dominance of communism as the only-permitted ideology ended. The practice of using psychiatry against political opponents virtually ceased to exist. What came in place, however, was a very disturbing collection of other forms of abuses, including human rights abuses due to lack of resources, outdated methods of treatment, lack of understanding of human individual rights and a growing lack of tolerance in society. (Van Voren, 2013)

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<sup>5</sup> This percentage is based on the files of the International Association on the Political Abuse of Psychiatry. However, the KGB itself reported higher percentages of “mentally ill” dissidents: For example, in a 1976 KGB document found in the Stasi archives of the former German Democratic Republic it is reported that in 1973 a total of 124 persons were arrested for these crimes against 89 persons in 1974, in the context of which it is important to note that 50% of these people were mentally ill. See Van Voren, 2010)

However, in the minds of post-Soviet citizens much of the psychological climate remained unaltered and thus a monistic worldview continued to dominate societies in most of the former Soviet republics. Especially in the Central Asian republics, the Russian Federation, and Belarus the psychological climate of the Soviet period remained by and large the same, and communist ideology was replaced by a nationalist or even neo-fascist world view that in reality was as totalitarian as its predecessor. (Judah, 2013)

Starting this century the number of individual cases of political abuse of psychiatry has increased, in particular over the past few years in Russia, Belarus, and Kazakhstan. So far it appears not to be yet a systematic repression of dissidents through the mental health system. In most cases, citizens fall victim to regional authorities in localized disputes, or to private antagonists who have the means to bribe their way through the courts. (Van Voren, 2013)

The resumption of individual cases of political abuse in these countries is closely linked to the deteriorating human rights situation and the fact that lower-level authorities feel much more freedom to clamp down on undesired elements than previously. Again an air of untouchability has returned, and the rule of law has increasingly become subject to political machinations. In particular in the Russian Federation much of the structure is still in place that allowed the political abuse of psychiatry to happen. The first cases of renewed political abuse of psychiatry started to emerge in the beginning of the twenty-first century, after Vladimir Putin resumed the Presidency and the downward spiral towards increased repression commenced. (Van Voren, 2013) At this moment, we are looking at a country which has a growing number of political prisoners (52 in December 2013; 92 in June 2014 and 114 in October 2014; see List A, 2014) and where over the past years some two dozen new laws have been introduced that seriously restrict liberties and freedom of expression in Russian society. (List B, 2014)

### *How Should Psychiatry Respond?*

In the 1970s and 1980s, the main drive of the opposition to Soviet psychiatric abuse was focused on expulsion of the Soviet society from the world psychiatric community. In that

case the expulsion worked, although it did not terminate the political abuse of psychiatry altogether. Loss of face played an important role in at least curbing the abuse and bringing about the release of victims that became known in the West. Rank and file Soviet psychiatrists did not suffer from this boycott, as they had no access to the world psychiatric community anyway. In the 21st century, however, such total isolation is impossible. Whatever measures authorities in countries like China and Russia take to curb freedom of information, people always find ways to have access to the Internet and social media. Also mental health professionals are now, at least in theory, able to be active members of the world mental health community, and thus with a boycott the opposite might work. By stimulating communication and access, providing training in issues of medical ethics and human rights, and translating key documents and manuals to the local language one makes it impossible for both authorities and authoritarian psychiatric leaders to keep their constituency uninformed.

In the case of the Russian Federation, a key element in the continued dominance of the Moscow School lies in the fact that 80-90% of the rank and file Russian psychiatrists do not know any other language than Russian. Therefore, when books, articles and documents are not available in a language accessible to them, it remains possible for the psychiatric leaders (many of whom still stem from Soviet times) to pretend that the diagnosis used for Soviet dissidents – “sluggish schizophrenia” – is quite accepted in the world and even part of the International Classification of Diseases ICD-10. The only way to end this “misunderstanding” and the continued perversion of medical science is through the creation of open access to information, using modern technology and in a language that is easily accessible. Knowledge is power; and that has been given a new meaning in the age of hi-tech communication.

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