Soviet Psychiatric Abuse

The Shadow over World Psychiatry

Sidney Bloch and Peter Reddaway

SOVIET PSYCHIATRIC ABUSE:

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BY THE SAME AUTHORS:

RUSSIA'S POLITICAL HOSPITALS
The Abuse of Psychiatry in the Soviet Union

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by

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For
Felicity and Kathy

CONTENTS

LIST OF ILLUSTRATIONS

Following p. 96

Following p. 160

PREFACE

WHEN IN 1977 we completed *Russia's Political Hospitals (Psychiatric Terror* in the American edition), our first book on the subject of the political abuse of psychiatry in the USSR, the issue was coming to a head in international psychiatric circles. It seemed then that concerted action by the profession might well pave the way for the abolition of political psychiatry. Alas, this was not to be—the Soviet practices continued more or less unabated, and have done so until the present. During this period of six years, psychiatry throughout the world has undergone a traumatic experience, as the campaign to try to combat psychiatric abuse, and official Soviet opposition to that campaign, have both intensified. The battle finally culminated in the resignation of the Soviet Psychiatric Society from the World Psychiatric Association in January 1983, and in momentous repercussions at the Association's World Congress six months later. The outcome was a profession subject to division and schism. It is with these dramatic developments that the present volume is chiefly concerned.

In the first chapter, we briefly recapitulate the contents of *Russia's Political Hospitals* by covering the main aspects of the misuse of psychiatry to suppress dissent. In doing so, we have brought the original account up to date. The body of the book, which follows, consists of a detailed description and evaluation of international developments in this field from the time of the Sixth Congress of the World Psychiatric Association, held in 1977 in Honolulu, up to and including the Seventh Congress in 1983 in Vienna. We start in chapter two with an account of the Honolulu congress, at which the Russians' unethical conduct was formally condemned and a Review Committee was created to investigate the abuse of psychiatry

wherever it might occur. In chapter three we turn to the opposition movement that evolved in the Soviet Union around the time of Honolulu and gave an extra impetus to the international campaign against psychiatric abuse. We focus particularly on a remarkable human rights group, the Working Commission to Investigate the Use of Psychiatry for Political Purposes, charting its growth, mode of operation and effectiveness, and its final destruction by the KGB.

In chapter four we examine the Review Committee of the World Psychiatric Association—the hurdles confronted by the Association in setting it up, its *modus operandi*, and its ultimate impotence in the face of Soviet psychiatry's failure to co-operate with its investigations. Chapter five deals with the efforts of various psychiatric and other bodies to bring political psychiatry to an end, including the clinical examination of ex-dissenter-patients, the support given to victims and their families, the application of pressure on the Soviet psychiatric leadership, and attempts to establish contact with ordinary Soviet psychiatrists.

Whether to pursue dialogue or confrontation with the Soviet Union is the theme of chapter six, which traces the evolution of a movement to expel the Soviet Psychiatric Society from the World Psychiatric Association, and the official reaction of the Society to this radical intent. The dénouement of this contest is covered in the next chapter, which provides our account of the dramatic resignation of the Soviet Union from the world body—the reasons for the decision, the reactions of other member societies, and the broader repercussions for world psychiatry. In chapter eight we focus on the Vienna congress, examining the decisions taken there in the light of the withdrawal of the Soviet Society and some of its allies. We consider the immediate effects of these resignations on the organization, and speculate briefly about the likely implications for the psychiatric profession both within the Soviet Union and throughout the world.

A short appendix follows containing some key documents which illuminate various facets of the subject. All translations are by us.

We would like to record our sincere thanks to many people who helped us, directly or indirectly, in the preparation of this book. First and foremost, we thank the members of the

Moscow-based commission on psychiatric abuse, many ex-dissenter-patients, émigré Soviet psychiatrists, and human rights dissenters both in and outside the USSR, all of whom have been indispensable in our research. The contributions of our colleagues in the Special Committee on Political Abuse of the Royal College of Psychiatrists, the London Working Group on the Internment of Dissenters in Mental Hospitals (of which we are members), and the International Association on the Political Use of Psychiatry have been exceedingly helpful and are much appreciated. Jane Manley of the Royal College of Psychiatrists and Ellen Mercer of the American Psychiatric Association were always willing to help with our enquiries. Our special thanks go to Robert van Voren for his constant encouragement.

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S. B. and P. R.
JULY 1983

CHAPTER ONE

POLITICAL ABUSE: WHAT IS IT?

The Vulnerability of Psychiatry

BECAUSE OF ITS particular nature, the profession of psychiatry has to wrestle constantly with a wide range of ethical questions. Although many of these are shared with medicine in general, the practice of psychiatry involves some exceptional quandaries. Consider, for example, the question of compulsory hospitalization.[1] The psychiatrist, uniquely, has the awesome authority, invested in him by society, to place a person in a psychiatric hospital without his consent. Although granted legal sanctions to fulfil this role, the relevant statutes are frequently ambiguous and ill-defined. Even when the law is more explicit, its translation into practical guidelines is exceedingly complex. A person posing a danger to himself or to others is the usual reason for commitment—on the face of it, reasonable enough—but the psychiatrist's predicament lies in the lack of objective criteria to predict dangerous behaviour. His best efforts to arrive at a clinically-scientific judgement are inevitably influenced by pressures from several sources including his own tendency to play safe in the face of doubt.

The slender scientific basis for a judgement about dangerousness also applies elsewhere in psychiatry. In contrast to other spheres of medical work, objective criteria to establish whether a psychiatric condition is present or not are unavailable in many cases. Even more problematic is the whole question of what *is* mental illness. An influential body of opinion—Thomas Szasz[2] is its most vocal representative—holds that psychiatry does not deal with ill people at all but rather with their problems in living. Thus, to label a young married mother's unhappiness as "morbid depression" constitutes a camouflage of the real issue: namely, that she feels

harried and overwhelmed by her responsibilities and consequently has difficulty in coping. The picture is all the more complex since the diagnostic process is closely intertwined with social factors; this is evidenced by the sometimes considerable differences among various cultures and in the same culture from one epoch to another in the clinical approach to such patterns of behaviour as homosexuality and the use of alcohol and other drugs. The relationship is patently illustrated by the decision of the American Psychiatric Association some years ago to alter radically its view of homosexuality by declaring that the term did not in itself signify a clinical condition.[3]

In this new view American psychiatry echoed society's profound shift in attitude towards homosexuality during the 1960s. This example reveals another feature of psychiatry universally—the tendency to align itself with the *status quo.* Not unexpected, therefore, is the concept of "adjustment to society" as a commonly used criterion of mental health. A person is adjudged well if he adapts to the customs and conventions of the culture wherein he functions. The argument is advanced, most cogently by the American psychiatrist Seymour Halleck,[4] that the psychiatrist, whether he realizes it or not, assumes a political role when he attempts to modify a person's "maladaptive behaviour" in order that he may resume his membership of society.

All three above issues—compulsory hospitalization, the question of what is mental illness, and the widely-supported link between mental health and social adjustment—are made the more involved by psychiatry's vague boundaries. The optimal extent of its role and responsibility is subject to heated debate. The position is trenchantly held at one extreme that psychiatrists would do well to limit sharply their sphere of activity to the treatment of patients who can be confidently diagnosed as suffering from a recognized clinical illness. The opposite camp avers that as most illnesses are attributable to social factors—unemployment, racism, lack of opportunity, and divorce, for example—a rational approach entails an active political role for the psychiatrist so that he may contribute to an amelioration of undesirable conditions in his society.

The special character of psychiatry—to which the

aforementioned ethical issues point—constitutes an Achilles heel of considerable danger for its practitioners, because they may harness their professional skills, intentionally or unwittingly, to purposes in such a way that their patients lose paramountcy. The vulnerability of psychiatry to misuse, for non-medical reasons, is always present. Periodically, though happily this is rare, an individual psychiatrist perpetrates an abuse. This is inevitable in a profession made up of ordinary men and women who share the same foibles and weaknesses as any other group of people. While statutory regulations, review by peers, and codes of ethical practice contribute to the safeguarding of proper ethical standards, occasional infringements are bound to occur. More sinister is a pattern of abuse which involves an entire professional system and relies on the active connivance of its representatives with non-medical forces of influence.

It is to this form of unethical conduct that we now turn as we provide an outline of the misuse of psychiatry for political purposes in the Soviet Union. In so doing, we will follow a similar format to that used in our earlier book;[5] anyone wishing to obtain a comprehensive picture is advised to read this basic volume. We feel a summary of what we covered there is appropriate now, serving as it does as a *mise-en-scène* for the material we shall deal with in the chapters that follow.

We highlighted earlier the unavoidable relationship between the psychiatrist and his society, and the problems this generates. The association could not be better exemplified than in the Soviet Union where an exceptionally authoritarian State is coupled with the espousal of a doctrinal ideology. Both the particular structure of government and the central place given to ideology facilitate an intimate bond between Soviet society and its psychiatric profession.

The supremacy of ideology in all fields was a feature of the early revolution period and has remained solidly intact throughout the Soviet era. Stalin's call for political awareness in the professional work of scientists specifically—psychiatrists are included here together with all fellow scientists—is obvious from the following quotation:

> . . . there is one branch of science which Bolsheviks in all branches of science are duty-bound to know, and that is the

> Marxist-Leninist science of society . . . a Leninist cannot be just a specialist in his favourite science; he must also be a political and social worker, keenly interested in the destinies of his country, acquainted with the laws of social development, capable of applying these laws and striving to be an active participant in the political guidance of the country.[6]

For Stalin political qualifications were of greater relevance than professional ability and experience, and entailed the professional's commitment to Communist principles, reflected chiefly in his loyalty to the Communist Party. The Party then played a dominant role in all professional matters, as indeed it still does.

History of the Abuse

The first recorded case in Russia of the suppression of dissent by means of psychiatry occurred in 1836 when the philosopher, Pyotr Chaadayev (1793–1856), was labelled by Tsar Nicholas the First as suffering from "derangement and insanity". Ostensibly benevolent—". . . the Government in its solicitude and fatherly concern for its subject . . ."—Nicholas had in one neat stroke punished Chaadayev for publishing an article critical of his regime, and at the same time discredited the ideas expressed therein by declaring that they were those of a sick mind. This episode was, however, localized and in no way constituted a State policy.

The advent of the Bolshevik Government saw no basic change, in that the psychiatric repression of dissent continued to be sporadic and *ad hoc*. The most noteworthy case, in the very early days of the new regime, was the prominent political figure Maria Spiridonova. 1918 saw the collapse of the alliance of the Bolsheviks and the Socialist Revolutionary Party. Spiridonova and her Socialist Revolutionary colleagues posed a marked threat to the fledgling Government, and were energetically suppressed. Undeterred by a prison sentence, Spiridonova mustered her party's forces and launched a vehement attack on the Bolsheviks. Her growing power and influence had to be curbed, but rearrest and a second prison sentence would have proved embarrassing and risky to the Government; Spiridonova was by then too popular and

celebrated a figure. The dilemma was soon resolved in a judgement by the Moscow Revolutionary Tribunal: in the interests of her health Spiridonova was to be "banished for one year from political and social life and isolated in a 'sanatorium'—there she would have the opportunity of healthy physical and mental work".[7] While in detention Spiridonova had predicted such an outcome, presumably in the knowledge that a declaration of insanity would discredit her political ideas as well as deprive her of the opportunity to continue her campaign. In the event, she escaped and the tribunal's scheme never materialized.

The Bolsheviks resorted to a similar device a year later in an effort to check another persistent critic, Angelica Balabanoff. In 1920 she attacked the leadership, including Lenin, pointing out the errors she believed they had committed. Again, the quandary faced the Government of what to do with a prominent political figure. The plan devised for Spiridonova was revived, albeit in modified form: Balabanoff was ordered to enter a sanatorium for the sake of her health although her "mental condition" was only hinted at. As in the case of the tough-minded Spiridonova, the plan was foiled by an uncooperative and unswerving critic. An alternative scheme was then concocted to dispose of Balabanoff, and before long she was bound for distant Turkestan at the command of a propaganda train.

During the Stalin period, the picture of psychiatric abuse is rather obscure but it does seem as if an embryonic policy to detain political dissenters in mental hospitals evolved in the late 1930s. Evidence comes from a psychiatrist who worked on the staff of a psychiatric hospital in Kazan during the second world war (he remained silent following his move to the United States, but in 1970, when allegations of current Soviet abuses were first made in the West, he reported vividly on his experiences in Kazan).[8] The institution, under the direction of the NKVD (the secret police), catered for the treatment of politicals from throughout the USSR. Most patients were in fact ill, the content of their disturbed minds being political in nature. A small proportion, however, were mentally healthy and detained there only on the grounds of their political convictions. The case of a Moscow factory worker exemplifies this second group. Following his persistent refusal to contri-

bute to the war effort, then a "voluntary" State requirement for all workers, he was arrested, diagnosed as schizophrenic, and transferred to Kazan. His psychiatrist could not detect any mental illness but obviously felt under considerable pressure to collude with the police authorities; not to do so would have spelt personal danger for the psychiatrist himself. A humanitarian motive also operated—the hospital ward was undoubtedly less punitive than a prison or labour camp; at the least, he would remain alive!

This humanitarian motive on the part of psychiatrists is understandable in the face of the inhumanity of Stalin's penal policy. We obtained reliable corroboration of its existence from the poet Naum Korzhavin, when he provided us with an account of his experiences of 1948 in the Serbsky Institute for Forensic Psychiatry. (We discuss the Serbsky later in this chapter.) Following his arrest for writing "anti-Soviet" poems, he was examined by the Serbsky staff. Although finally declared sane and thus responsible before the law—he was sent into Siberian exile for several years as a result—he gained the distinct impression that the motive for psychiatric detention of healthy "politicals" was benevolent, not punitive. The staff, he suspected, were hoping to pin a diagnostic label on him in order to prevent his dispatch to a labour camp, with all its attendant horrors.

Korzhavin's testimony is buttressed by that of Ilya Yarkov, another victim of the thoroughly arbitrary legal procedures that typified the Stalin period. In his vivid autobiography he paints a similar picture of the practice of psychiatric abuse as he witnessed it in three different mental hospitals—in Gorky, Kazan and Chistopol. As in Korzhavin's experience, Yarkov never received any treatment, most doctors were kind and cordial, and conditions in the hospital were reasonably pleasant. No matter how humanitarian the motive of psychiatrists was, despite their benevolent management of the healthy dissenter their profession was obviously being manipulated during the 1940s and early 1950s to serve non-medical interests—as a tool to repress dissent.

It was Sergei Pisarev, a long-standing Party member, who first campaigned for the abolition of this political misuse of psychiatry. He himself had suffered from it between 1953 and 1955 following his open criticism of the secret police for

fabricating the notorious "Doctors' Plot". His arrest, a spell in the Serbsky Institute, and then some eighteen months' detention in the Leningrad Prison Psychiatric Hospital enabled him to witness numerous cases—among them writers, artists and Party workers—in which misdiagnoses had been intentionally made. On his release he pressed the Party's Central Committee to rid psychiatry of this evil. The resultant commission of enquiry inspected the Serbsky, Leningrad and Kazan Hospitals, but its findings were completely ignored by the Party.

Were the revelations too embarrassing to allow their dissemination? Were there influential figures in the committee or in the secret police who wished to retain a useful option in the battle against political deviation? Stalin had by this time been succeeded by Khrushchev who was keen to cleanse the tarnished image of the USSR and to convey to the West that the ruthless methods of Stalin had ceased and the country no longer held political prisoners. The advantages inherent in psychiatrically-based repression, especially the discreet silencing of dissenters without recourse to a major trial or blatantly trumped-up charges probably appealed to Khrushchev as he tried to project a new image of the Soviet regime.

The actual reasons for sweeping the report under the carpet were, in the event, of little consequence—political psychiatry evidently continued unabated; in 1970, with the development of a human rights movement, Pisarev felt compelled to resume his protest. On this occasion he wrote to the Academy of Medical Sciences (the Government's most senior and prestigious advisory body in medicine) expressing his bitter disappointment that no substantial changes had taken place since the Central Committee's investigation. Indeed, if anything, matters had worsened, with an "increase in the illegal political repressions facilitated by the Serbsky Institute . . ."[9] (the foremost Soviet centre for forensic psychiatry which also doubles as the apex of psychiatric abuse). Although there is no way of corroborating Pisarev's statement about an escalation in political psychiatry, sufficient cases were learned about—Yarkov and Pisarev have already been mentioned but others that came to light were the mathematician Alexander Volpin, the artist Mikhail Naritsa, the geophysicist Nikolai Samsonov and the pensioner Fyodor Shults—to suggest that

during the 1950s and early 1960s a proportion of dissenters were charged with a political offence, diagnosed as mentally ill, and detained in a psychiatric hospital for indefinite treatment.

Hitherto, only flimsy details that something was amiss in Soviet psychiatry had percolated to the West. Then, in 1965, two events brought the matter into much sharper focus. The first was the British publication of *Ward 7* by Valery Tarsis.[10] Although in novel form, it was obviously an account of the author's own personal experience in a Moscow psychiatric hospital. Party officials had engineered his forcible admission there when they learned that Tarsis planned to publish in the West *The Blue-Bottle*, an account of the constraints imposed on intellectuals under Khrushchev. This "anti-Soviet" behaviour required nipping in the bud, and what better deterrent than an indefinite stay in a mental hospital? The second event, in 1965, which attracted Western attention concerned Evgeny Belov, a student interpreter. The discovery of his politically-based psychiatric internment was entirely fortuitous. A year earlier a group of British students had met him whilst on a tour of the Soviet Union and during a follow-up visit they learned of his psychiatric confinement. On their return to Britain they immediately launched a campaign on his behalf which attracted widespread support from the media, public and Amnesty International.

It soon emerged that Belov had, in the period between the British students' two visits, become dissatisfied with certain features of the Communist Party of which he was a member and had voiced his criticism openly, his discontent culminating in his dispatch of proposals for change to the Soviet leadership. Although beyond verification, and despite an article in *Izvestia* which dubbed the British campaign on behalf of Belov as a "filthy soap bubble" and "yet another anti-Soviet forgery", all the evidence pointed to his detention as another example of political psychiatry.

Finally, in this brief sketch of the history of psychiatric misuse, we focus on Alexander Volpin. Forcibly hospitalized on no less than five occasions between 1949 and 1968, his case illuminates clearly the practice of political psychiatry during this period. His poetry, regarded by the authorities as anti-Soviet, led to his arrest, a diagnosis of schizophrenia and a

year in a prison psychiatric hospital. All subsequent admissions were clearly associated with political factors. The fifth episode, for example, followed his application for a visa to visit the United States where he had been invited to attend a scientific conference. On this occasion and for the very first time in the USSR in the context of psychiatric abuse, a large-scale protest ensued—99 of Volpin's colleagues petitioned the authorities for his immediate release. Several paid a high price for this action—demotion or dismissal from their posts. One signatory, Yuri Shikhanovich, would himself later share Volpin's fate. One of the authors (SB) interviewed both Volpin and Shikhanovich and failed to detect any evidence to warrant a diagnosis of mental illness.

Nineteen sixty-eight also saw the first generalized protest in the Soviet Union when a dozen human rights activists appealed to a conference of Communist Parties to react to the suppression of human rights including "the most shocking form of reprisal—forcible confinement in a mental hospital".[11] This act heralded two notable and interrelated developments: the emergence of a regular *samizdat* (underground, non-official publication) journal, the *Chronicle of Current Events*, which recorded accurately and dispassionately violations of human rights in the Soviet Union; and the establishment of the first formally-constituted group of dissenters—the Action Group for the Defence of Human Rights. Amid the Group's initial appeals were references to "a particularly inhuman form of persecution: the placing of normal people in psychiatric hospitals for their political convictions".[12] Ironically, four of the fifteen foundation members were destined to suffer from the very persecution about which they were protesting (we have interviewed three of them in depth—Natalya Gorbanevskaya, Vladimir Borisov and Leonid Plyushch—and confidently concluded that none was in need of any sort of psychiatric treatment).

Perhaps the most courageous and indefatigable of activists who battled to publicize political psychiatry was another of its victims—Vladimir Bukovsky. His remarkable effort to attract the attention of Western psychiatrists undoubtedly paved the way for their ultimate recognition of, and resistance to, the blatant misuse of their profession. We focus briefly on these developments at the end of this chapter.

The Pattern of the Abuse

At this point we need to examine the pattern of the abuse as it has occurred over the last fifteen years. First, we look at the routes along which dissenters have reached the psychiatric hospital. Then we provide brief accounts of the hospitals in which the dissenters have been placed and the treatment they have received there, the psychiatrists involved in this treatment and the diagnoses they have used, and the victims themselves—who are the dissenters confined to mental hospitals?

The dissenter is hospitalized by way of either a criminal or a civil commitment. A typical criminal commitment begins with an arrest. The ensuing investigation of the alleged offence includes a clinical examination by a psychiatric commission charged with the task of determining the presence or otherwise of any mental illness, whether the defendant is responsible or not, and the need or not for treatment. Charges are then drawn up and a lawyer brought in to serve the defendant. Articles 70 and 190-1 of the Criminal Code are the two most commonly used charges levelled against dissenters. Article 70 is the more serious, dealing as it does with subversive activities against the State, and it provides for a maximum punishment of seven years of imprisonment and five years of exile. Article 190-1 covers the discrediting of the Soviet political and social system and has a maximum sentence of three years of imprisonment.

Dissenters who undergo a psychiatric evaluation are usually declared mentally ill and not responsible for the alleged offence. The court almost always adopts the psychiatrists' recommendations. Their involvement ushers in a number of procedural changes: the dissenter is usually excluded from the trial on the grounds of his ill-health; his family and friends are normally kept out of court by extra-legal means; and the number of witnesses is substantially reduced. The trial, as a result, is often transformed into a mere formality.

What about the role of the defence counsel? He usually challenges the psychiatric findings and may request a second opinion, or a third if two previous reports are discordant. The court virtually always refuses such a request and does so invariably if a report from the Serbsky Institute is available.

The court has several "psychiatric" options at this point,

ranging from an order for outpatient medical supervision to compulsory placement in a special psychiatric hospital (SPH). The latter is the customary destination for a dissenter (on the grounds that he poses a special danger to society), less often used is an ordinary psychiatric hospital (OPH). Defence counsel may then lodge an appeal to a higher court but almost always to no effect—the most that this court does, very occasionally, is to substitute an OPH for an SPH as the institution for internment. Once the defendant has been transferred to hospital, his relatives can petition, but no more than this, for the cessation of compulsory treatment, and he must be examined every six months by a psychiatric panel whose report is submitted to the regional court. However, the dissenter himself has no right of appeal because he is deemed mentally incompetent; and the court is not obliged to accept a panel's recommendation for release or transfer to an OPH.

Release from hospital—usually from an OPH since most cases are transferred there from a prison hospital en route to liberty—does not necessarily mark the end of a dissenter's ordeal. Thereafter, the court usually orders his registration with his local clinic, in which event he is subject to regular supervision. This, coupled with a system of rating the level of social danger posed by the dissenter, is tantamount to an omnipresent sword of Damocles hovering over him. The rating—made first by the psychiatrist, and then by the security authorities in the light of all available information—guides the latter in the application of any necessary "preventive" actions (the degree of tenacity with which the dissenter holds to his convictions seems to be the key criterion in this rating). For example, the dissenter with a high rating of social danger may be detained briefly during major public holidays and important events like Party congresses. Also associated with systematic internment have been one-off occasions like the visit to the Soviet Union of President Nixon in 1972 and the holding of the Olympic games in Moscow in 1980.

Civil commitment is the dissenter's other potential route into the psychiatric hospital. By contrast with criminal commitment, it is a relatively straightforward procedure, especially because no criminal charges are laid and therefore no trial is held. Soviet psychiatrists, as is the case universally,

have the legal authority to place a person in hospital without his consent if he is regarded as mentally ill and as a result dangerous to himself or to others. They follow directives, formulated in 1961 and marginally revised ten years later, in which the crucial provision states: "If there is a clear danger from a mentally ill person to those around him or to himself, the health organs have the right ... to place him in a psychiatric hospital without the consent of the person who is ill or his relatives or guardians".[13] Only a single psychiatrist is necessary to effect the commitment but once in hospital the dissenter must be examined by a panel of psychiatrists within 24 hours to determine the need or otherwise for further compulsory treatment. Thereafter, examinations are mandatory at least once monthly. The same conditions that affect the release of a criminally committed person may, under certain circumstances, also apply to the discharge of his counterpart under civil commitment.

Mental health law throughout the psychiatric world constantly grapples with the question of indications for civil commitment and particularly the tricky issue of dangerousness. The Soviet directives, if compared to those of other countries, fare reasonably—their explicit specification of the person's dangerousness to himself or others is a distinct attribute. On the other hand their stated catalogue of mental conditions which warrant urgent hospitalization is severely limited by vagueness and poor definition. What is one to make of "psychomotor excitement with a tendency towards aggressive actions"? This is merely dressed-up jargon which refers to nothing more than it states, and no particular psychiatric connotation can be extracted from it. This vagueness appears to pave the way for the security organs to "persuade" psychiatrists that a dissenter's behaviour is a risk to society. Yet the evidence is overwhelming that civil commitment has been used in the case of dissenters who constituted no danger whatever to others and certainly not to themselves and who did not fulfil any of the directives' indications.

Only if the concept of danger is extended radically to cover "political" as well as the customary physical form—an interpretation which is wholly unjustified by a reading of the published text—can we locate any possible basis for the detention of dissenters. In the Soviet context, the argument

can be made that they pose a "danger to society" (more accurately a "danger to the regime") in that their views on human rights, their practice of religion, their wish to emigrate, and the like, are viewed by the regime with hostility and as a threat to the prevailing order. But the incorporation of such types of danger into a procedure of civil commitment is, in our view, completely indefensible as well as lacking foundation in the authoritative Soviet text. Even the most objective expert in mental health law could not possibly accept such an extension of the dangerousness concept. This is not to negate the possibility of a mentally-ill person harbouring delusions that he, for instance, possesses extraordinary powers or is a latter-day prophet and will "lead his followers to triumph over the wicked State". In such a case it is obvious that mental illness has robbed the person of contact with reality and placed him in a precarious social position from which he could act dangerously to others; but surely he is not dangerous because of the ideas he is attempting to propagate.

One other serious flaw of the Soviet civil commitment procedure, which is of striking relevance to the plight of the healthy dissenter confined to hospital, is the complete absence of judicial review. The detainee has no right of appeal at any point during his commitment and no access to legal counsel. The Soviet position on this absence of judicial review is as follows: psychiatrists are fair and impartial in their clinical judgements; the Ministry of Health constantly ensures the proper application of procedures; and third parties can protest against improper commitment. But this argumentation is extremely weak. As Judge David Bazelon, an American expert in mental health law, has observed, all these points fail to substitute adequately for the safeguard of legal review to check that no mistake has been made.[14]

The Dissenter's Treatment in Hospital

The nature of the commitment procedure has a crucial bearing on the sort of experience the dissenter is likely to have once he passes through the portals of the psychiatric institution. The reason is simple: generally (though we should note that there are exceptions to this pattern) civil commitment means a relatively brief and bearable intern-

ment in an OPH, whereas criminal commitment usually leads to a lengthy and harsh stay in an SPH.

Putting aside momentarily the sheer horror of a mentally-well person being forced into a psychiatric hospital, the dissenter can still be thankful when he is detained in an OPH rather than an SPH. The OPH is under the aegis of the Ministry of Health and serves as a facility for the community living around it; it is a relatively accessible institution and liable to scrutiny by patients and their families. The SPH is another matter altogether. There the dissenter is immersed in a highly disturbed environment, surrounded on all sides by genuine patients with severe mental illnesses, many of whom have committed violent crimes such as rape, assault and murder. The SPH is in fact little more than a prison and perhaps worse, as the inmate lacks the basic rights still retained by prisoners. He is left vulnerable and without hope. As an instrument to oppress him the SPH succeeds all too well.[15]

Fully to understand the SPH's horror, we need to describe its organization and staffing. It is controlled by the Ministry of Internal Affairs—not the Ministry of Health—and with this Ministry also responsible for the police and prisons, its foremost priority is without question the maintenance of security. Staffing in the SPH demonstrates this clearly. Medical personnel work alongside non-medical security officers in whose hands lies ultimate responsibility. For example, the chief psychiatrist is subordinate to the hospital's director, himself not usually a psychiatrist. So too are the junior personnel—the warders and orderlies—involved in the day-to-day management of the wards. The warder operates essentially as a guard and is not subordinate to the psychiatrist. Although the orderly is under the direction of both medical and non-medical seniors, his activities are mainly supervised by the warder. In practice, the orderly seems to be a law unto himself, for much of his work is unsupervised. He is, amazingly enough, a common criminal serving out his sentence and because of his own particular situation—imprisonment, poor living conditions, doing an unattractive job—is easily corrupted. We have as yet said nothing of the role of nurses, and little of that of psychiatrists; this reflects their comparatively insignificant place in the SPH. Any efforts by them to

act humanely are apt to be thwarted by the security demands of the institution.

All these features contribute to a system in which any therapeutic impulse is squelched at birth. The testimony of several dissenters—Vladimir Bukovsky, Leonid Plyushch, Vladimir Gershuni and Viktor Fainberg have written especially vivid accounts—reveals a harrowing picture: the words punitive, inhumane, cruel and oppressive emerge as common epithets. Corroboration by outside forces is unavailable since, to our knowledge, no Westerner has ever been allowed in an SPH. But the dissenters' accounts of various SPHs are highly consistent. Brutality by the staff, especially the orderlies, is commonplace. Punishments are regularly meted out. Beatings seem to be the commonest form but have been supplemented by other more "exotic" methods such as the "wet pack". Wet canvas is tightly bound around the patient from head to foot and as it dries out the canvas gets progressively more taut causing great difficulty in breathing.

The administration of drugs is also applied as a punitive measure. Several dissenters have cited the role of Sulphazin. A preparation of purified sulphur, this drug was used in the 1930s but soon found to have no therapeutic effect and discarded. As a mode of punishment Sulphazin appears to be most effective: the victim suffers high fever and pain at the site of injection and throughout the body. By all accounts it is a gruesome experience. More commonly, drugs conventionally prescribed by psychiatrists are administered for non-therapeutic reasons. Virtually all drugs used in psychiatric practice share the unwelcome feature of producing side-effects. Such is the case especially with the major tranquillizers, a group of chemicals customarily given in the treatment of serious mental illness such as schizophrenia. Perhaps their most unpleasant and certainly most hazardous side-effect involves the system of the brain responsible for normal bodily movement and co-ordination. Tremor, purposeless movement of lips, tongue, face and other parts, restlessness, rigidity and slowness are possible consequences. Scrupulous attention to the setting of dosage, the careful monitoring of side-effects, and the prescribing of a specific drug to counteract the side-effects, reflect the conscientious psychiatrist's caution when prescribing the major tranquillizers. Several dissenters have

described the indiscriminate use of these drugs—as punishment or as intimidation. The account by Plyushch of his own experience and that of fellow patients in the Dnepropetrovsk SPH in the Ukraine shows how devastating the "chemical weapon approach" can be: ". . . I was horrified to see how I deteriorated intellectually, morally and emotionally from day to day . . . my speech became jerky and abrupt. My memory also deteriorated."[16] He was soon unable to read or write.

In the case of Plyushch the intimidatory function of drug misuse was probably more relevant than its punitive function. A Marxist intellectual and leading figure in the then growing human rights movement, the authorities were determined to break him and to neutralize his "dangerous thinking", and by so doing deal a grievous blow to his colleagues. Specifically they sought to extract a recantation. The pattern of Soviet psychiatric abuse suggests strongly that the dissenter's renunciation of his convictions, coupled with his admission that they are the result of mental illness and his commitment not to readopt them in the future, is a primary objective of the political and security authorities. "Release requires recantation" might well be their slogan. As Vladimir Bukovsky describes it: ". . . admit openly and officially to the doctors that you were sick—yes, I was ill, yes; I didn't know what I was doing when I did it. The second condition is to admit you were wrong, to disavow what you did."[17] Elsewhere, in a *Manual on Psychiatry for Dissidents*[18] which Bukovsky authored with the dissenting psychiatrist Semyon Gluzman, he advises dissenters to pretend to their psychiatrists that they have reappraised their previous pathological thinking, in order to show their newly gained insight. "Tactical devices" such as this will enable survival. Bukovsky mentions examples of dissenters who refused to recant and were consequently detained for many long years. Certainly Plyushch's lengthy commitment was due to his steadfast determination not to renounce his views. At first sight we might regard Plyushch and his ilk as unduly stubborn, too highly principled, unrealistic. But we need to pause and consider some basic qualities of much of the dissenting community. Imbued with idealism and dedicated to their convictions, be they social, political or religious, they see recantation as tantamount to self-abnegation, to spiritual death: "moral suicide" is Fainberg's apt label.

Recantation or not, one distinct advantage of psychiatric repression as compared to prison, labour camp or exile is its indefiniteness. A dissenter subjected to one of the latter punishments lives with the anticipation of release at a defined point in time. Not so the psychiatrically confined dissenter. If a case of civil commitment, he has no right of appeal—his destiny is completely in the hands of doctors, and these hands, as we have seen, are tied by non-medical authority. No right of appeal is granted in the case of criminal commitment either. The court is the ultimate arbiter of his fate, through the mechanism of the recommendations of the six-monthly psychiatric commissions. The result may be a period of detention lasting several years, sometimes more than a decade. General Grigorenko, one of the most prominent dissenter-patients, refers to the "lack of any real hope of release" as particularly "harrowing".[19] And so it must be when the detainee has no idea at all about his chances of release. The epithet "Kafkaesque" could not be more appropriate to depict such an ordeal.

Added to this frightening insecurity is the sense of complete impotence experienced by the dissenter. Not only is he deprived of the right to judicial review but he also has no legal redress whatever concerning any aspect of his conditions. For example, he cannot mount a malpractice suit against a cruel staff member; unlike prison or camp authorities, the SPH director is not obliged to submit a dissenter's protest to the local prosecutor; and although the family does have the right to petition the prosecutor to initiate criminal proceedings against hospital personnel, such a procedure is bound to be futile (we know of no SPH staff member who has ever been prosecuted, let alone convicted, by these means).

The prospect of being placed compulsorily in a psychiatric hospital as a healthy person is so ghastly as to be almost unimaginable. But this has been the fate of many hundreds of Soviet citizens over the past two decades. We now focus on these victims of political psychiatry and consider the sort of activities which have led to their suppression.

The Victims of Psychiatric Abuse

Who, then, are the dissenters labelled as mentally ill and forced to be treated? We have produced a classification

consisting of five categories, derived from an analysis of over 200 well-authenticated cases, covering the period 1962–1976. A further 300-odd cases that have come to light during the period from 1977 to the time of writing (see chapter three) roughly confirm the original pattern.

All these dissenters share one basic feature: they have deviated in some way from social conventions and norms firmly laid down by the State, and by virtue of their activities have been identified and labelled as suspect. They can be classified as: (1) advocates of human rights or democratization; (2) nationalists; (3) would-be emigrants; (4) religious believers; and (5) citizens inconvenient to the authorities. We now describe the categories briefly and provide representative case-illustrations.

The advocates of human rights and democratization comprise about half the dissenters repressed psychiatrically. They have through various legal means appealed to the Soviet Government to respect the civil rights of citizens as accorded in the Constitution, and to permit democratic processes to operate. Viktor Davydov is a typical example.[20] A law student born in 1956, Davydov comes from the Volga city of Kuibyshev. For his part in a human rights group of young people, and in demonstrations, and for writing *samizdat* works on Stalin and the failings of the Soviet system, he was subjected to psychiatric examination from 1976 onwards. In October 1979 he sought an independent examination by Dr Alexander Voloshanovich, then consultant to the Moscow Working Commission to Investigate the Use of Psychiatry for Political Purposes (see chapter three). Voloshanovich concluded that he was in no way schizophrenic, and "fully responsible for his actions". A month later Davydov was arrested and charged with "slandering the Soviet system". Examination by a psychiatric commission, which found him responsible, was immediately succeeded by his transfer to the Serbsky Institute. Here, in mid-1980 he was diagnosed as a mild schizophrenic and judged not responsible. At his trial the court accepted the Serbsky report alone, declaring that: "In view of the great social danger he represents he needs to undergo compulsory treatment in a psychiatric hospital of special type."[21]

After a brief period in the Kazan SPH Davydov was