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TITLE: Soviet Psychiatry:
The Historical and Cultural Context

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EXECUTIVE SUMMARY

Madness under communism is an indisputable fact. What is unclear is the extent of its presence in the Soviet Union. Official Soviet publications report that about 2% of the general population suffers from severe mental disorders, a rate comparable to that for the United States. Some practitioners of Soviet psychiatry who have made their way to the West believe that the incidence is at the higher rate of approximately 5% of the population. If the higher figure for the USSR is correct, and rising according to some emigre psychiatrists and psychologists, there are millions less people who are capable of functioning effectively in the military and in the workplace than we have assumed, and the cost of maintaining such a large dependent population is substantial enough to affect the national economy.

The Soviet Union, despite marked advances in psychiatric services in recent decades, is not equipped to deal with the personal and psychological problems which the system continually generates. Schizophrenia and alcoholism figure prominently in Soviet studies of ills that plague their society. Other problems such as drug abuse, domestic violence, delinquency, crime and sexual problems as manifestations of mental illness are rarely subjects of serious psychiatric study in a society which continues to downplay or deny their presence in a communist order.

This report is a study of mental illness in the Soviet Union and of the psychiatric profession which treats it. The sources
available for such a study consist of published Soviet psychiatric literature in the form of textbooks, histories of Soviet psychiatry, and clinical articles in the professional journal of Soviet psychiatry: The Korsakov Journal of Neuropathology and Psychiatry (Zhurnal neuropatologii i psikhiatrii im. Korsakova); the data which exist in published form, however problematical; and interviews with emigre Soviet psychiatrists.

On the basis of these materials, I introduce the major forms of mental illness in the Soviet Union and discuss their cultural determinants. I then describe the Soviet profession of psychiatry as it has developed to deal with psychosis under communism. I also include a section on the practice of forensic psychiatry for handling non-conformists and dissidents, and conclude with a summary of the findings of this study. There are two appendices. The first provides a historical sketch of psychotherapy in Russian and Soviet history. The second addresses the problems that arise in a study of this type and explains my effort to produce an objective and informative study. Three articles have grown out of this research and have appeared in journals of psychiatry and Slavic studies.1

1See Appendix A of this report for a discussion of the difficulties that arise when using Soviet data on psychiatric disorders.

Communism as a political, economic and socio-cultural system is responsible for the context and the content of many instances of individual stress. In addition to the stress of individualism in a militantly collectivist society, the stress of economic hardship, deprivation and, to some extent, poverty, exerts a profoundly negative psychological influence over the population of the Soviet Union. These dimensions of stress feed into the daily life of ordinary Soviet citizens at all levels, from childhood to old age, from family to workplace. One evident sign of the extent to which mental problems disrupt the functioning of the Soviet economy and society is the recent innovation of the so-called "mood phone" which has been installed in selected factories across the country. Workers who are dysfunctional on the job may either use the phone themselves or have a call placed for them by a manager or colleague to connect with a team of psychiatrists in Moscow. The existence of this system points to serious personal difficulties on the assembly lines and an urgent need to deal with them.

Mental illness poses a theoretical problem for Soviet ideology. In most areas of human knowledge, reference is made to the work of Marx, Engels or Lenin in order to establish a foundation for the legitimacy of the problems under study. This cannot be done for mental illness, because there is nothing in the writings of the founding theories of communism which deals with the subject. The problem, therefore, is how to explain the
persistence of psychopathology in a society that is allegedly moving forward to transcend the class dilemmas of capitalism which are, according to the theory, responsible for the misery of life in the non-socialist world. If the building of communism is a reality based on new and more humane principles, why then is there a high incidence of social problems related to alcoholism and rates of mental illness which are at levels similar to those reported in Western capitalist countries?

Beneath the silence on the theoretical issue of madness under communism in the absence of Marxist-Leninist ideological guidance, there remains a vast sector of Soviet society which continues to suffer the unhappiness, pain and stigma of severe mental disorders, a sector which may actually be increasing at present. The two most frequently diagnosed mental disorders in the Soviet Union are schizophrenia and alcoholic psychosis. In addition, from interviews with emigre psychiatrists, it is clear that domestic violence is more common than officials are willing to admit, including sexual attacks of rape. Suicide is also more frequent than official sources would reveal. Moreover, cases of severe psychopathology, particularly schizophrenia and depression, are present in disturbing, even alarming, proportions. Soviet psychiatrists are also revealing data which indicate that these disorders are present in both urban and rural localities.

To meet the challenge that these problems pose, the Soviet state has devoted considerable funding to the development of the psychiatric profession. There are around 25,000 psychiatrists in
The Soviet Union. Psychiatry occupies high standing in the medical profession; psychiatrists are comparatively well-paid, enjoy longer vacations and earlier retirement if they desire than many other medical specializations. The state also sends teams of urban-trained psychiatrists to travel around the countryside. These teams stay in provincial towns for a month or so to introduce new technology and techniques. There have been improvements in the post-Stalin era in the specializations of geriatric and pediatric psychiatry. Almost all Soviet psychiatrists work in hospital settings rather than in private practice.

Despite these advances, there are weaknesses in both the theory and practice of Soviet psychiatry. In terms of theoretical education and training, the central weakness was nicely summarized by one informant for this study, "We are a society which is taught how to answer questions very well, but not how to ask them." The factors necessary for success in psychiatry and related professions are above all the ability to respond loyally to all challenges to accepted doctrine, to establish a network of support along the way of superiors who must approve and followers who must produce in a similar manner, and an orientation which falls within the framework of an approved mode of theory.

In practice, the major obstacle to successful psychiatric treatment in the Soviet Union is the absence of trust between doctor and patient. Trust is the bedrock of security. Perhaps nowhere is trust more necessary in order to treat personal
problems than in psychiatric therapy. In the Soviet Union, this sense of trust is eroded because of the inherent difficulties of the patient-doctor relationship. The psychiatrist is technically an employee of the state and is thus not dedicated first and foremost to client anonymity. Furthermore, Soviet citizens tend not to talk about their feelings and their past at home. Instead they "somaticize" their problems by complaining about unexplainable cramps and headaches that are frequently symptoms of anxiety attacks. Problems usually become far more severe before the individual will seek treatment. Only when he or she becomes dysfunctional on the job or creates a public scandal of some kind does he or she receive a referral to a psychiatrist. This dovetails with the prejudice in Soviet psychiatry against neuroses and an overemphasis on psychosis, thus upping the ante, as it were, in terms of stress on the individual and the system as a whole. Treatment is usually centered on extreme cases of dysfunctionalism, with relatively little attention to areas of mild symptoms of mental disturbances, neurosis and pre-psychotic episodes. Therapy is most often short-term and oriented around "crisis intervention."

As for blatant abuse of psychiatry for the treatment and confinement of non-conformists or dissidents, this seems to be an area which is removed from the daily practice of the Soviet psychiatrist. Only when he or she receives a call to serve on a special panel for forensic psychiatric assessment of a
trouble-maker does the difficult and career-shaping decision on whether to serve political needs of the state arise.
Most emigre psychiatrists had never had contact with this special world of Soviet psychiatry and instead dealt with the average problems of citizens trying to construct a positive life within the constraints of the system.

It seems that the situation in mental health in the Soviet Union is not improving in spite of the state's efforts at expanding psychiatric services across the country. Studies reveal that the tension between individual needs and the collective's demands is increasing with each generation. As Soviet society becomes more complex, new strains on individuals emerge. There is consent within the psychiatric profession that more attention needs to be devoted to providing a therapeutic milieu in which personal conflicts can be freely discussed and resolved in order to prevent a certain degree of severe mental disorders from further crippling the society. The authorities, on the other and stronger hand, remain concerned mainly about economic productivity and political stability. Reforms in the medical arena, if they occur, will be fashioned with these interests in mind as primary before the individual satisfaction or mental health of the members of society.
Mental Illness in the Soviet Union and its Cultural Determinants

Culture plays an exceedingly significant role in the diagnosis of mental illness and the forms of treatment which are utilized by psychiatrists. The transformations of modern medicine notwithstanding, psychiatry is still struggling with basic questions of establishing internationally recognized and scientifically verifiable standards of procedure. Broken bones and bacterial epidemics are diagnosed and treated similarly in many countries without fundamental disagreement. This is not true for the world of insanity. Cultural distinctions in psychiatric diagnosis from society to society are extremely varied and, at times, inconsistent. There is no agreement on the causes of schizophrenia or on the degree to which it is physiologically or culturally determined. Certain disorders, such as autism and anorexia, were not even differentiated in the literature as distinct disorders until about a generation ago.

These issues are strikingly relevant to our discussion about the Soviet Union. Mental illness poses a theoretical problem for Soviet ideology. In most areas of human knowledge, reference is made to the work of Marx, Engels or Lenin in order to establish a foundation for the legitimacy of the problems under study. This cannot be done for mental illness since there is nothing in the writings of the founding theories of communism which deals with the subject. The problem, therefore, is how to explain the persistence of psychopathology in a society that is allegedly...
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Soviet psychiatric literature is silent on this question. No one in official circles will discuss it, except to say that the problems of mental illness and social deviance in general are being confronted and that progress is being made in conquering the problems. This is usually demonstrated by referring to statistics comparing the number of mental hospitals before the revolution of 1917 with the improved situation today, the increasing ratio of doctors to patients across the country, and percentage-based data on curing certain severe mental disorders in specific areas.

The fundamental assumption in Soviet psychiatry remains that with the construction of a healthy and rewarding society, its individual members will be less vulnerable to psychopathology. This general orientation is traced back to the work of Ivan Pavlov in neurophysiology. Pavlov is celebrated for having created a synthesis of the "materialistic trend" in pre-revolutionary Russian psychiatry. He went further in his neurological experiments to develop the theory of higher nervous activity, proceeding "from the idea of the reflex as the basic form of the
organism's relation to its environment.\(^3\) Soviet psychiatrists further emphasize the importance of living conditions as well as social and cultural factors in the genesis and treatment of mental illness. Thus, with the building of communism should come healthier reflex responses to the environment, in Pavlov's formulation.

Beneath the silence on the theoretical issue of explaining madness under communism in the absence of Marxist-Leninist ideological guidance and in spite of the acknowledged improvements in diagnosing and treating mental illness, there remains a vast sector of Soviet society which continues to suffer the unhappiness, pain and stigma of severe mental disorders, a sector which may actually be increasing at present.

Divorce rates, the numbers of abortions and the impact of alcoholism are all major sources of distress in the Soviet Union. While these categories of discord are comparatively visible in public discussions in the Soviet media, the problems associated with mental illness are less so. From my psychiatric informants, who have seen thousands of patients, it is clear that domestic violence is more common than officials are willing to admit, including suicide and sexual attacks of rape. Moreover, cases of severe psychopathology, particularly schizophrenia and depression, are present in disturbing, if not alarming, proportions. Soviet psychiatrists are also revealing data which indicate that these

\(^3\)L. Rokhlin, *Soviet Medicine in the Fight Against Mental Disease*, p. 42.
disorders are present in both urban and rural localities, and are requesting improved hospital care to remedy the situation.

Personality disorders (as distinct from clearly established neurological disorders) are intimately tied to the culture of a given society. In the Soviet Union, parents, teachers and most authority figures emphasize obedience and loyalty to a specific group ethos as characteristic of approved behavior. As a generality, this can of course be said for American society as well. The important difference, however, is that so many of the functions of Soviet society are arranged in a dependency structure in which the state and the Party act as supreme arbiters of norms, values and laws. Soviet citizens view the state as their provider rather than seeing themselves as autonomous individuals who must create their own independence in everyday life. Instead of using state and social services to augment their own individual or family autonomy, as Americans are trained to do, Soviet citizens have a large sense of reliance on the government. This, as I learned in the course of one interview with a Soviet psychiatrist, tends to become an over-reliance which marks one's whole life. It creates a false dependency because so much of one's daily existence is involved in obtaining what the state provides rather than in developing alternative and pluralistic strategies of confronting and learning to overcome personal difficulties.

When people discover they cannot cope with certain problems, deterioration and breakdown occur in a specifically Soviet context. For instance, psychiatric patients in the Soviet Union
suffering from paranoid delusions (distorted perceptions of external reality) or hallucinations (distorted internal psychic perceptions, such as hearing voices) frequently exhibit irrational fears of the anti-socialist enemies of the Soviet Union trying to capture or punish them. The ideational content of such delusions is to some extent based on the reality of a life-long exposure to the ideology of Soviet socialism which constantly portrays the United States in menacing terms threatening the Soviet system.

Alcoholism remains, by common consent, the primary general problem in the Soviet Union which has many consequences for psychiatry. Aside from the huge numbers of people suffering from alcoholic abuse and alcoholic psychosis (a specific psychiatric disorder which, incidentally, was first diagnosed and brought to international attention by S. Korsakov, a prominent Russian psychiatrist at the end of the nineteenth century), there are numerous cases of psychiatric patients who suffer from the impact of an alcoholic milieu in various ways. Children who grow up in the homes of alcoholic parents often find later in life that they are repeating the abuses, dysfuntionalism and unhappiness of their childhood with their own spouses and children. Some repeat the patterns to the point of being hopelessly mired in failure for the rest of their lives. Child abuse and wife-beating are very common in alcoholic families, as the Soviet psychiatrists learn early in their careers. Unfortunately, they cannot publish papers on the statistics or content of this widespread phenomenon, and thus the real dimensions of the violence and damage associated with
alcoholism are kept from public and professional view. Moreover, because of the romantic and escapist traditions connected with alcohol consumption which has been described in some of Russia's finest novels, plays, and poems, because of the symbolic meaning of vodka in Russian folklore from time immemorial, there is actually a continuing force of support to engage in drinking to excess. Until this situation is altered, sectors of Soviet society will continue to remain hostage to this debilitating syndrome.

Beyond the immediate problems in the workplace and in society as a whole that the alcoholic brings, there are the long-term effects on the people who surround him, especially children. One effort in recent years has been to try to place children from disturbed homes in day care centers to escape the harmful effects of alcoholism in the family. One psychiatrist who worked with a group of these children told me that while some of these children benefit from the changed environment, many could not transcend their emotional difficulties because, when they went home in the evening and for weekends, the destructive cycle reinforced the problem and overwhelmed the positive advances made in the day care milieu. These children suffered from docility and depression which they would, sadly, probably carry with them into adulthood, making them high-risk candidates for a variety of personality disorders later in life.

In general, psychiatrists who had worked with disturbed children often discovered what one informant described as the
"catacomb culture" of Soviet society. They were able to make connections between the emotional difficulties of childhood and certain psychological problems of adulthood which were quite revealing about the hidden layers of Soviet reality. Children at one hospital located near Moscow were sent there for a variety of reasons, including severe stuttering, motor function impairment, asocial (passive and isolated with peer groups) and anti-social (antagonistic and aggressive) behavior. In talking at length with these children about their difficulties, one of my respondents learned that the children tended to come from homes in which there was abuse, neglect, alcoholism and prostitution. Many of the children, once they were able to trust and open up, told painful tales of domestic violence and of having been unwilling witnesses to their mothers making love to complete strangers in the same room with them.

Alcoholism is as much a symptom of problems in Soviet society as it is a cause of disorders among the alcoholic's community. Other chronic disorders also reveal the stress of living in the socialist paradise. One of the difficulties under which so many Soviet citizens labor from their early years is the conflict between the grandiose expectations aroused by the sanguine ideology of the regime and the comparatively low level of success and achievement experienced by most ordinary people. In certain cases, when this conflict becomes severe, characteristics of low self-esteem, impaired initiative and self-destruction begin to emerge. Particularly vulnerable people will eventually develop
full-blown psychoses from these complications. The norms of the system, as my respondents pointed out, support those people who are not aggressive in design, not risk-oriented, who flourish in a group, collective context in which rules and rituals are clearly established and enforced. For those who are individualistic, curious, daring and creative, the system provides neither support nor nourishment, and their suffering will eventually emerge in some form or other.

In one interview, a psychiatrist explained the central dilemma in terms of a distinctly Soviet behavioral style called "double motivation." This term is used to describe a defense mechanism that has specific reference to the Soviet Union because of the particular cultural context in which it functions. More concretely, the term refers to a simultaneous process of double deception, or rather, two kinds of deception functioning together within the same individual. Deception is practiced on oneself as well as on others, and the combined process may be unconscious, deliberate or partly both in some cases.

The way in which this double motivation manifests itself is integrally related to the way in which ordinary Soviet citizens are compelled to relate to themselves and their fellows in daily life. They must learn to live, according to this view, as though they were performers on a stage in which their conduct is under scrutiny and being judged by peers and superiors almost continuously. In Soviet society, with its rules, controls and constant efforts to actualize communist ideology, there is no
respite, no escape from the pressure of judgment and the fear of condemnation. At the same time, because of this, the lack of trust in others forces people to keep their feelings to themselves. Criticism, anger and similar emotions have no outlet except within a very small, close circle of friends and family who can be thoroughly trusted. The telephone cannot be trusted, neither can anyone in a group who is not a known figure to be relied upon. Not only does this create an even wider suspicion of others, but it can also lead to an increased fear of revealing oneself and, ultimately, to a destructive phobia of self-mistust.

To survive, then, the individual in Soviet society learns to master the art of deception. Since it is an impossible task to resolve the conflict between officially-approved collective motives on the one hand, and unapproved egoistic self-motives on the other, one must become skilled at manipulating the surrounding human forces to achieve some success in the collective arena while retaining a sense of individual self. The individual begins to pretend to do things for the collective but believes privately in the endeavor as self-motivated. Unconsciously, however, one may come to believe the external collective standards and lose the internal individual values. The real danger, from the clinical perspective, is when one continues to hold on to those internal standards in spite of the opposing external demands to renounce them. Deception is then a conscious and painful situation which could lead to psychiatric breakdown because the private and public worlds of the individual are in irreconcilable conflict.
Is this process worsening? As one psychiatrist put it, the situation is not improving in spite of the efforts made at expanding psychiatric services across the country. In a study made on adolescents in two different decades, some generational distinctions were visible, according to this researcher. For instance, during the 1970s there was a decline in interest in Komsomol, pioneer and other youth Party organizations as compared with the 1960s. A disappointment in party goals and ideals set in more deeply in the 1970s. Greater self-interest and involvement in individual needs and means of personal satisfaction were evident more strongly among the 1970 group than in the 1960 group.

Increased Western influence, continued extensions into the indefinite future of Party goals and deadlines, broken promises by the government and revelations of scandals in high places have all contributed to a demoralization among the youth of the 1970s and a feeling that the Communist Party's prestige has fallen from the higher position it occupied among the generation which came of age during the 1960s. How severe this situation is and what future ramifications it may have on the government cannot be predicted at this point, but the comparison, based as it is on an empirical study conducted from within, is certainly significant.

In several interviews, the psychiatrist spoke to me about the problems of people in the Soviet Union who either voluntarily choose not to participate in the collective ethos followed by the state and the Party, or who are involuntarily driven out of it into the nether world of deviance. These are the "tuneiadtsy."
the unemployed vagabonds who do not fit into the official system of communist labor, are labelled "parasites," and who survive on the margin of society with odd, part-time jobs and with the help of friends as well as, interestingly, psychiatrists. Although technically not psychiatrically disturbed people, the tunciadtsy are considered by the authorities as "social problems." Frequently they come to mental clinics to meet with psychiatrists whom they can trust. There is a vast, informal network of recommendations which is passed on by word of mouth to the community of Soviet pariahs. The psychiatrist will then issue a false or exaggerated diagnostic statement certifying that the "patient" has a psychological problem requiring brief in-patient treatment to be followed by lengthy out-patient services thereafter. Although there is a stigma attached to having diagnosed psychiatric problems which most Soviet citizens who are authentic patients tend to keep entirely private, these desperate individualists have little to lose and far more to gain from a psychiatric diagnosis. The crucial factor is that this "diagnosis" will save them from almost certain arrest and harrassment from the police.

Typically, these non-conformists will be artists and writers who have retreated from obeying the canons of political orthodoxy but who have nowhere to go once having stepped outside the official treadmill of collectivity. They are also individualists who could no longer live under the strain of daily life in a communal apartment. Forced out of their apartments by overbearing
authority figures, the petty tyrants of everyday life, these shadows of injured humanity turn up at the door of a psychiatrist, about whom they have heard trusted and admirable things, "to be taken care of." The state has failed them and they are in critical need of a new kind of dependency. They need to be rescued and the psychiatric hospital becomes for them a "haven for the helpless." Sometimes it is possible for the psychiatrist to arrange a stay of several weeks in the hospital while the patient is recovering from his nightmare of stress. Sometimes, the diagnosis is real and serious, in which case therapy and medication will be dispensed accordingly. The psychiatrist may also fulfill one final function in this episode, that of providing the patient with a name of a person or a place to go to find work and income in spite of their difficulties with the established order. If the conflict between "the stress of individualism," as one psychiatrist put it, and the exclusivity of official collectivism continues to worsen, the ultimate choices to be confronted are the possibility of real insanity, arrest with probable confinement in internal exile, or emigration abroad.

Another source of psychological stress in the Soviet Union is the absence of trust. Trust is the bedrock of security. In the Soviet Union, trust is a highly valued and rarely experienced commodity. Because of the unrealistic and unrealizable effort by the state to be an omniscient and omnipotent force, corruption, abuse and mistrust have emerged in alarming proportions in Soviet society. Friends are tenaciously maintained from childhood
throughout a lifetime of challenge from the officialdom. Transported to new localities for education or employment, Soviet citizens are suspicious of one another, guarded in their language and behavior. It is never clear who is watching over whom, who is reporting on whom. Soviet citizens who are trusted friends will walk in the woods regardless of the cold weather in order to be free of unwanted acquaintances joining them. I was told by one psychiatrist that one of the few public places where Soviets can be relaxed and honest with one another is the local bath: "the steam of the banya and the foam of the beer" are believed to have a healing effect, allowing for conversation about disturbing personal problems.

Soviet citizens tend not to talk about their feelings and their past. Instead they "somaticize" their problems by complaining about unexplainable cramps and headaches that are frequently symptoms of anxiety attacks. The alcoholic husband who cannot trust his adulterous wife also will not easily trust a psychiatrist, and the problem will usually become far more severe before it is able to be treated. Only when the individual becomes dysfunctional on the job or creates a public scandal of some kind does he get referral to a psychiatrist. Russians prefer to transcend emotional pain through drinking or to romanticize it, but they do not readily see this pain as a cause for seeking professional help. The consequence of this is a huge buildup of internal tension with no outlet. Rather than walk in the woods with a trusted friend, drink in the banya, complain of vague
ailments, or romanticize mental stress as moral suffering, these individuals should seek help in the office of a trained Soviet therapist. Unfortunately, private consultations of this kind are virtually non-existent because of the nature of the training and practice of Soviet psychiatrists.

**Psychiatric Training in the Soviet Union**

There are around 25,000 psychiatrists in the Soviet Union. They are generally somewhat more physiologically and biologically oriented than their American counterparts, although they share much in common in this regard. Soviet psychiatrists tend to use psychopharmacologic prescriptions with the same frequency as do American psychiatrists. Almost all Soviet psychiatrists, however, work in hospital settings rather than in private practice as do a large number of American psychiatrists. Psychiatry enjoys high standing in Soviet medicine. Psychiatrists are comparatively well paid, receive longer vacations and earlier retirement if they desire than many other medical specializations and professions.

The training of Soviet psychiatrists involves a six-year course of study at one of the medical institutes in the country, which in recent years have been shifted from the Ministry of Higher Education to the authority of the Ministry of Health. The official justification for this move was that the medical profession sought to bring the medical schools in closer clinical

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contact with the hospital system, where the physicians in training were to be placed. In the fourth and fifth years, students are given more clinical responsibility, including seeing their own patients in a local polyclinic (outpatient department). The sixth year is possible for clinical specialization, but the most promising students move on after their graduation from medical school in the sixth year to a two-year psychiatric training center, similar to residency in the U.S. This hospital or institute training period is called ordinatura. Most psychiatrists spend two to three years on a government service assignment, often in a rural area, working in a general hospital or clinic. They will frequently return to training in the ordinatura program after their service period.

In addition, a more highly valued experience is the three-year aspirantura, comparable to a post-graduate research fellowship in psychiatry. Following completion of the aspirantura, the researcher writes a dissertation which, if successfully defended, brings him the degree of Candidate of Medical Science. Further scientific publications can lead to the highest degree, the Doctor of Medical Science. Salary increases are awarded at each degree level, and additional income may be gained from articles and chapters in books which often are paid assignments.5

One of the most important aspects of medical training in the Soviet Union is the student-scientific society, which has no real counterpart in the U.S. During the last two years of medical school, students are encouraged to join a scientific society of their specialization. These groups, officially sponsored by the schools, are organized under the tutorship of a professor in the form of a professional seminar. Students usually prepare research projects and often their first scientific paper results. Talented students are identified in this context, and are encouraged to apply for early ordinatura and aspirantura. Close relationships with the professor leading the group develop, for which there are two motives. In most cases, students realize the many professional advantages inherent in this relationship. Given the emphasis on personal influence in the Soviet system, the student's career can be advanced rapidly and significantly with the door-opening influence of his professor.

At the same time, many of the individuals I interviewed pointed out that the professor under whom they worked in the psychiatric student-scientific society was of importance in other, less expected ways. In particular, a number of my subjects recalled how their professor managed to obtain for them forbidden or disapproved literature, such as the works of Freud and other Western theorists in psychiatry. In some cases, this process worked very subtly, tacitly and indirectly. The professor would arrange for the student to get a library card at the Lenin Library in Moscow or the Saltykov-Shchedrin Library in Leningrad with
permission to have access to specialized research collections in psychiatry. Whether the professor knew the student was reading Freud there was never clear. In other cases, the connection to these works was more direct and clearly stated, with frank discussions following when the student realized what he was reading and what the implications were. It was also made clear to me that in many cases the professors themselves had to be cautious since they could be denounced for encouraging controversial or unapproved literature in the event that the student informed the authorities.

Another aspect of training in Soviet psychiatry concerns the problem of specific orientations. It is widely assumed in the West that a monolithic curriculum exists in psychiatric training, organized at the top by an individual with enormous political authority, Dr. Andrei Snezhnevskii. The Institute of Psychiatry in Moscow, under Snezhnevskii's direction, is unquestionably the most prestigious psychiatric research institution in the country.

While Snezhnevskii's influence is, without question, quite significant, it is important to recognize that it is more a political than a psychiatric influence. To be sure, Snezhnevskii is the architect of the diagnostic classification system for schizophrenia in the Soviet Union which Western writers have seen as paramount if not exclusive in its application across the country. However, the journal of the psychiatric profession, the Korsakov Journal of Neuropathology and Psychiatry, which includes Snezhnevskii on its editorial board, rarely makes explicit
references to research. Indeed, competing schools of psychiatric thought and differing clinical approaches exist, particularly in Leningrad, Tbilisi, Riga, and Kiev. It is by virtue of his political stature in the Party hierarchy and as a result of his being the only psychiatrist in the country who holds the high rank of Academician that Snezhnevskii's influence becomes meaningful. Because of this position, he is invited to contribute to international collections on psychiatry and is sought out for interviews by Western visitors. His political position became most evident when he ordered the Soviet Union to withdraw from the World Psychiatric Association rather than face a confrontation over the issue of psychiatric abuse and possible expulsion.

In spite of this political role, Snezhnevskii continues to enjoy the respect and admiration of many psychiatrists both within and outside the Soviet Union. They appreciate his role in bringing Soviet psychiatry up to international standards, in seeking interactions with Western psychiatry on a variety of levels and for his research on schizophrenia. He is also responsible for fostering epidemiology as a field of psychiatric research and encouraging the rehabilitation of earlier figures in Russian psychiatry (such as the brilliant work of Viktor Kandinskii on hallucinations which was suppressed in the Stalin years). This is not to excuse or minimize his potential involvement in the allegations of psychiatric abuse, but rather to

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present a more realistic and balanced assessment of the man, utilizing the perspective of the Soviet psychiatrists who knew him and studied under him.

It is the goal of most aspiring Soviet psychiatrists to study or be affiliated in some way with the Institute of Psychiatry in Moscow. The general theory of the Snezhnevskii or "Moscow school of psychiatry" involves an elaboration of a unified hypothesis of psychopathology sometimes referred to as the "spectrum concept." According to this view, people suffering from mental illness exhibit different psychotic syndromes which fall on some point of a band or spectrum of pathology. The spectrum concept emphasizes three phases of schizophrenia--continuous or chronic, periodic or acute, and "shift-like" episodic or recurrent forms. An underlying genetic inheritance with physiological manifestations is assumed more often than environmental (cultural) societal or individual causes in the diagnostic procedures.7

This approach has been criticized by the Leningrad school in particular for overdiagnosing and misdiagnosing schizophrenia in cases where affective disorders are the actual problem. In addition, the Moscow school is criticized for the "labeling" impact of imposing an unsubstantiated diagnosis on a patient which will itself have negative consequences on the patient's conception of self and on the suspicious way he will be regarded because of this diagnosis at home and at the workplace. This critique has

recently surfaced in the pages of one of the most respected American journals of psychiatry as a prominent Leningrad psychiatrist decided to criticize the Snezhnevskii approach publically. The alternative approach suggested in Leningrad, particularly by the well-known Bekhterev Institute of Psychiatry, is to analyze psychotic disorders separately according to symptoms and to classify them diagnostically in etiological categories. The stresses of the environment play a larger role in this orientation, though there is a political danger in extending societal criticism too far, of which the Leningrad school is quite aware.

A completely different approach can be found in the work of the Uznadze Institute of Psychiatry in Tbilisi. From the information provided by one of my informants who was associated with this institute, and from the material recently published there, a portrait can be constructed of this orientation. Perhaps the most striking fact about the Uznadze school is the enormous interest in the unconscious as a factor in explaining psychiatric disorders. Nowhere else in the Soviet Union are Freud and psychoanalysis discussed so extensively. Admittedly, Freudian theory is criticized on the whole, but even in the critique one can see a great deal of the impact that psychoanalytic thought has had in the work of Bassin and his associates there in Tbilisi. In a related development, the first International Conference on the

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Unconscious was held in Tbilisi in 1979, and a large three-volume work based on the papers presented there has been published in the last three years.\textsuperscript{9} This is a remarkable development with potential ramifications in many directions which has gone virtually unnoticed in this country among interested individuals in government as well as universities.

In addition to this multiplicity of competing and conflicting orientations, another aspect of psychiatric training in the Soviet Union that is important is the role of the mentor. Almost without exception, every person I interviewed spoke warmly and meaningfully about a senior person in psychiatry who influenced the course of their lives. To be sure, all of my informants admitted that anyone who chooses psychiatry is aware of the high status it brings and of the possibility of a very privileged existence if one advances to the upper reaches of the profession. Nevertheless, according to my informants, they would not have gone into psychiatry or remained in it without the crucial contribution of their mentors.

These mentors were, in most cases, individuals who were established professionals who retained a sense of political criticism about the Soviet system which they encouraged in a select number of their students. This is an important factor to underline because it represents an ongoing process of dissonance that is very widespread in the Soviet Union in everyday life. In

\textsuperscript{9}A.S. Prangishvili, A.E. Sherozia and F.V. Bassin, eds., \textit{The Unconscious} (Tbilisi, 1978).
some cases, the mentors (who could be a professor in medical school, a departmental chief in a hospital or research institute, etc.) provide disapproved materials of world psychiatry. In other cases, they may warn their trusted students about the problems they may face with the authorities and point out who among the local psychiatric community is reporting to the police on their activities. A mentor also may open doors for his students, thus facilitating the development of a successful career.

In some ways, training under a mentor is merely a means to an end in a world in which imitation is valued over originality. "We are a society which is taught how to answer questions very well," one respondent explained, "but not how to ask them." This point was underscored by another respondent who spoke more precisely about the factors necessary for success in psychiatry and related professions. This includes, above all, the ability to respond loyally to all challenges, to establish a network of support along the way of superiors who must approve and followers who must produce in a similar manner, and an orientation which falls within the framework of an approved mode of theory.

An example of this situation was provided in another of my interviews. A well-known professor on the staff of the Institute of Psychiatry in Moscow who had conducted some interesting experiments on the behavior of schizophrenics has had over twenty students over the last decade writing dissertations. The result of these dissertations is not an expansion or a refutation of the mentor's work, but a reproduction of it with slightly altered...
parameters of analysis. There is little chance, I was told, of these individuals arriving at original conclusions, not because they were incapable, but because the nature of the system was such that they were rewarded and promoted for scientific repetition. Originality and creativity require individual efforts to transcend established boundaries and orthodoxies. Such efforts represent a threat to the structure of the Soviet system, which relies instead on obedience, docility and tradition in the training of professional psychiatrists.

The psychiatrist is technically an employee of the state, and is likely to practice in a hospital rather than a clinical setting. Soviet psychiatrists have utilized psychotherapy since the revolution. Soviet psychotherapy was founded on the "principle of activization" by a number of psychiatrists during the formative 1920s and 1930s. This theory argues that the purpose of psychotherapy is to help elicit in the patient distinct emotions, values and habits which will orient him toward activity useful to himself and to society. Activity is identified with purposeful labor, beneficial work, which will enable the patient to compensate for certain mental deficiencies and actually to conquer others. Mental illness is regarded as the impairment of "conscious, willful, rationally-directed activity." Soviet psychotherapy is conducted in individual as well as in group sessions. Among the modes of psychotherapy preferred by Soviet psychiatrists are hypnosis, "culture-therapy" (using art, music, etc.), and work therapy or occupational therapy, all of which are
primarily responsive to the collective demands of the society and the state.\textsuperscript{10} There are highly moralistic overtones to these discussions of the "principle of activization," which remind one of the moral-management principles current in European and American psychiatric theories during the late nineteenth century.

Although the rejection of and hostility to psychoanalysis is still very strong in Soviet psychiatry, there is an assumption tacitly shared with Freudian theory that psychotherapy is a process in which the patient overcomes his disorder through a realization of the facets of the disorder. The language of Soviet psychiatry is that of the "realization" of the roots of a given disorder, of the "reconstruction of consciousness as knowledge," or a "correct understanding" of one's role in society.\textsuperscript{11} To be sure, Soviet psychiatrists avoid notions of repression, transference and sublimation, but they are concerned with the protection and functioning of the personality and the rehabilitation of a dysfunctional personality to a healthy, satisfied and restored place in the family and the workplace. Generally, Soviet psychotherapy is short-term, supportive and very specific.\textsuperscript{12}


More recently, Soviet psychiatrists have been devoting attention to such varied etiological factors as unconscious psychotraumas, the disruption of "primary and secondary signal systems," the formation of a "pathological point" in the cortex of the brain, and the general presence of an incorrectly solved or unresolved contradiction between the individual and some aspects of objective reality. Furthermore, a number of psychiatrists, particularly in Leningrad, have been moving closer in their research to the "life events" etiology utilized in American psychiatry. A. Ia. Straumit, for instance, has written about groups of pathogenic factors in neurosis which are strongly influenced by difficult life situations. He has discussed the findings of a study of 300 neurotic patients in which these difficult life situations aggravate the unresolved conflicts of certain individuals to produce dysfunctional or painful episodes. Straumit, along with other Leningrad colleagues who are conducting related research on the etiology of "psychic trauma," is attempting to develop new forms of psychotherapy to treat these problems.\textsuperscript{13} V. N. Miasishchev's work, integrating elements of Marxism-Leninism, Pavlovian neurophysiology and developmental psychology, provides the conceptual framework for this Leningrad school of Soviet psychiatric theory.\textsuperscript{14}


\textsuperscript{14}Many of Miasishchev's important papers were included in his book, \textit{Personality and Neurosis} (Leningrad, 1960).
Sexuality has been a subject of interest to Soviet psychiatrists for decades, although in a limited manner. Over a quarter of a century ago, one of the first psychiatric studies of sexual traumas appeared, but few researchers seem to have followed in this direction for some time. Privately, some Soviet psychiatrists will admit to growing numbers of clinical cases of impotence and frigidity, but it is still difficult to publish research on such problems. Nevertheless, recent research indicates that sexual pathology is becoming more of a concern in the profession.

Generally, there is some inconsistency in Soviet discussions of the etiology of psychotic, as opposed to neurotic, illnesses. Although there is no monocausal explanation for psychoses that most Soviet psychiatrists would accept, they do generally lean toward genetic, biochemical, neurological and physiological explanations in their research on schizophrenia and affective disorders. The role of the environment is by no means neglected, but seems somewhat less significant. For less severe neurotic disorders, however, the emphasis appeared to be reversed. The highly rationalized value structure of Marxist-Leninist ideology and its alleged material benefits to Soviet society are frequently cited as contributing factors to the declared (but not empirically

15S. I. Konstorum, Opit prakticheskoi psykhoterapii (Moscow, 1959).

16G. S. Vasil'chenko, ed., General Sexual Pathology (Moscow, 1977). This interest was also confirmed in interviews with psychiatrists from the Soviet Union.
proven) decline in neurotic disorders. There is, it is argued, a need to correct the inverse relationship between psychological triumphs in goal achievement under communism and the continued existence of widespread psychopathology, or dysfunctional obstacles preventing the realization of these socially approved goals. What is not admitted is that socialism has presented Soviet citizens with a variety of new economic, political and cultural problems which create emotional stress. Theoretically, one need not dismiss the gains of Soviet medicine nor even the faith in an egalitarian future order in accepting this fact, but Soviet psychiatry is still not at that stage.

Soviet psychiatry has made advances in improving treatment for mental illness, especially in the decades since Stalin's death. There is now far more concentration on specializations than in the past, particularly in fields such as geriatric and pediatric psychiatry. A recent innovation which is being watched closely because of its connection to economic productivity is the "mood phone" which has been installed in selected factories across the country. The phone has a direct hot-line link to a team of psychiatrists in Moscow. Workers who are dysfunctional on the job may either use the phone themselves or have the call placed for them by a manager or colleague. A preliminary diagnosis is made by the psychiatrist after hearing the symptoms, and a decision is then made about treatment and hospitalization if necessary. The service is still too new and too limited for any long-range conclusions to be drawn, but its very existence is a reflection of
the serious personal difficulties which exist on the assembly lines and the urgency of the need to deal with them on the part of the government.

The government has also made efforts to improve the treatment of mental illness in the provinces. The provinces have been traditionally neglected in medicine, and advances in services usually appear there long after the cities receive aid. This has been dealt with recently, according to one of my informants, by having teams of urban-trained psychiatrists travel around the countryside, staying in provincial towns for a month or so to introduce new technology and techniques (i.e. drugs and therapy) in psychiatry. Nevertheless, the gap between the city and the countryside remains as wide as it has always been.

**Forensic Psychiatry**

This section addresses the issue of psychiatric abuse of non-conformists and dissidents. One of the most powerful weapons at the disposal of any culture is the authority to draw lines within society which essentially define the boundaries between what is acceptable and approved behavior and what is not. The latter category is an area of shifting lines and changing definitions from culture to culture and across historical time. Although the designations and justifications frequently have changed, there have always been sectors of every society which have been branded as threatening and deviant. The authorities usually decide that these undesirable sectors must be isolated,
thereby requiring the creation of institutions of confinement, prisons, asylums, and the like.

Psychiatric confinement as a historical development has been analyzed in recent years by writers in various societies.¹⁷ In the case of the Soviet Union, a more condemnatory contemporary expose has emerged which has centered on what has come to be known as the psychiatric abuse of dissidents. These individuals have been involuntarily and cruelly subjected to psychiatric treatment not because they are insane but because they are in opposition to the reigning ethos of the communist order. This abuse has been documented in detail since a congressional subcommittee hearing on the subject published its findings in 1972. There have been books about the process of psychiatric abuse by concerned outside observers, as well as first-accounts by the victims of abuse.¹⁸

I asked the Soviet psychiatrists in my interviews what their experience and views were on this emotional topic, which is of great concern and has generated enormous interest in Soviet psychiatry among Americans. Their responses were somewhat surprising. There was some disagreement among them about the


extent to which the abuses are common knowledge in the profession. Some claimed to have known little or nothing about it until they reached the West and began to read about it in depth. Others stated that many of them and their colleagues knew about the special psychiatric hospitals designated for the detention and treatment of dissidents but that they were helpless to do anything about the abusive practices in these institutions.

All of my respondents were horrified by the abuses of psychiatry but, at the same time, they argued that the situation has been vastly exaggerated in the Western media for political gain in the way that the Soviet press distorts the existence of poverty, unemployment and racism in the U.S. for similar reasons. Judging by their own experience, which cut across a wide geographic sector of the Soviet Union, few of them had ever treated any dissidents themselves or even knew personally of any colleagues who had. How then are we to explain the situation?

Fortunately, one of my respondents had direct experience with the procedures of what is known in the Soviet Union as forensic psychiatry and was in a good position to verify what has seemed unverifiable. He had worked and studied for a period of time at the Serbskii Institute in Moscow, which is the nerve center for the theory and practice of forensic psychiatry in the Soviet Union. He was also part of one of the special psychiatric units in the provinces and thus was able to provide information on both sides of the secretive pipeline.
The procedure works as follows. The Serbskii Institute maintains standing commissions, each composed of three psychiatrists who are hand-picked after intensive investigations of character and loyalty. The task of these commissions is to diagnose difficult cases sent to them from all over the country. "Difficult" in this instance means primarily two things. First, the case borders on politics, deviance or dissidence in some way (as opposed to what are considered strictly psychiatric cases devoid of explicit political or social opposition) and, second, a case was "difficult" if it had not been resolved at the lower district or provincial level. The Serbskii commissions are, therefore, a kind of psychiatric Supreme Court; there is no appeal or means of recourse above them. They have one month to make a diagnostic evaluation about any case referred to them. Furthermore, there must be a unanimous decision among the three members of the commission. If they end up with the equivalent of a "hung jury," the case is sent to another Serbskii commission and the process of a one month unanimous diagnostic evaluation begins anew. There are similar special psychiatric commissions in the provinces, where the same procedures are at work.

In a representative case, a criminal is under custody for having committed a violent crime, such as murder or rape. If there is any doubt on the part of the police that the person in question is not sane, he is brought before the provincial or district forensic commission for evaluation. If a unanimous decision is reached, the case is sent to the appropriate
authorities—to in-patient psychiatric services if he is judged insane or to the police if he is considered sane and responsible for his acts. If disagreement cannot be resolved, the case is sent to the Serbskii Institute in Moscow.

An important part of this procedure is the clear line of responsibility all along the path. The criminal-patient is under the jurisdiction of a supervisor at each stage of the process of decision; whenever the case is shifted to a new commission or area, a new supervisor is immediately appointed and made responsible for the person in custody and the decisionmaking procedure itself.

In several interviews with other Soviet psychiatrists, the point was made repeatedly that very few of the more than 25,000 psychiatrists in the Soviet Union had any direct experience with forensic cases of the kind described above. Even fewer participated in the cases involving such dissidents as Medvedev, Grigorenko and others, which have been so widely discussed in the West. The psychiatrists who do sit on the notorious Serbskii Institute commissions are a small elite within the profession who have succumbed to enticements after being lured by the police. My informants condemned this corrupted minority but made the point frequently that the entire psychiatric profession should not be equated with this minority, as is too often done in America. On the contrary, the vast majority of the profession is made up of ordinary humane and honest people, many of whom even take risks to help citizens in need.
One of my respondents had a colleague who was asked to work on a commission examining dissidents. He had the courage to refuse, but paid a price. He was subsequently assigned to work in an emergency room facility with lower pay. Probably, I was told, his entire career will remain restricted to the lowest levels of the psychiatric profession because of his failure to cooperate. Interestingly, this same psychiatrist was known always to warn some of his more unorthodox friends to be careful and remain out of public view whenever he learned that foreign delegations were to be in town, since arrest was a strong possibility otherwise. With families and careers to protect, however, most of the psychiatrists who are asked to move into forensic departments are in extremely difficult positions. Some cannot say no, others agree from their sense of patriotism or personal gain.

**Conclusion**

Having examined the evidence provided by the interviews, together with the relevant literature, we are now in a position to try and answer a series of questions inherent in the study of Soviet psychiatry. These questions may be stated as follows:

1) What is the extent to which communism, as a political, economic and social system, is responsible for the mental health or mental illness of the Soviet population? This involves an understanding of the potentially stressful impact of communist political
controls, ideology and institutional hierarchies as well as family, peer group and professional relationships on Soviet citizens at the level of ordinary, everyday existence.

2) To what extent is diagnostic intervention by Soviet psychiatry based on culturally-derived norms and principles as opposed to more universalistic medical models which are capable of being validated empirically in other advanced societies? This problem concerns an investigation into the criteria utilized by Soviet psychiatrists in their daily practice.

3) What are the determining social and cultural factors in mental disorders as perceived by Soviet psychiatry? Similarly, can clear correlations be established between society and psychopathology? Does the etiology of mental illness shed light on our ability to comprehend the nature of social disturbances in a communist society? More specifically, what role do mental disorders play in the causality of phenomena such as divorce, alcoholism, crime and delinquency, alienation and emigration?

4) Are there changes in these factors across historical time? Are the social problems on the one hand, and the psychiatric diagnosis and treatment on the other, similar or different before, during and after Stalin, for instance? Are the societal stresses and psychiatric
disorders which are prevalent in one era the same in
another during the Soviet period?
5) What illnesses are diagnosed most frequently, how
are they treated and what sectors of the population do
they affect most severely? Are there long range trends
here which change over time?

Obviously, it will take time to acquire accurate answers to
these problems, but it is important for us to begin to address the
issues. Some tentative conclusions, based on the materials
examined above, include the following:

1) Communism as a political, economic and
socio-cultural system is responsible for the context and
the content of many instances of individual stress. As
one of my respondents put it, in addition to the stress
of individualism in a militantly collective society, the
stress of economic hardship, deprivation and, to some
extent, poverty, exerts an enormous negative
psychological influence over the population of the
Soviet Union. These dimensions of stress feed into the
daily life of ordinary Soviet citizens at all levels,
from family to workplace, from childhood to old age.

2) The Soviet Union, despite marked advances in psychiatric
services in recent decades, is not equipped to deal with
the personal and psychological problems which the system
continually generates. Treatment usually is centered on
extreme cases of dysfunctionalism, with relatively little attention being paid to areas of mild symptoms of mental disturbances, neurosis and pre-psychotic episodes. Therapy is most often short-term and oriented around crisis intervention. The world of unconscious motivation, dreams, and the traumatic events of a patient's childhood are not likely to be considered useful in treatment. Drugs are prescribed routinely and frequently, as they are in America. There is, however, no private therapeutic community in the Soviet Union. Thus, while medical costs are very low, it is difficult to establish bonds of trust between doctors and patient.

The psychiatrists are correctly viewed by the patients as employees of the state, thereby calling into question the whole concept of patient anonymity. As Soviet society becomes more complex, new strains on individuals emerge. There is a sense of consent within the psychiatric profession that more attention needs to be devoted to providing a therapeutic milieu in which personal conflicts can be freely discussed and resolved in order to prevent a certain degree of severe mental disorders from further crippling the society. The authorities remain concerned mainly about economic productivity and political stability. Reforms in the medical arena, if they occur, will be fashioned with these interests in mind over the individual satisfaction.
of the members of society. Psychiatric services have been introduced on an experimental basis into the workplace such as the "mood phone" described above. Such innovations, however, remain well below the level required to cope with the existing problems.

3) Soviet psychiatry perceives the determining factors in major forms of mental illness to be physiological and hereditary to a large extent. The cultural environment is also recognized as a source of discontent, but efforts to develop this field of inquiry are not encouraged. Furthermore, basic national statistics on psychotic disorders, violent crimes and other forms of deviance are not published. There are, nevertheless, many studies in the Soviet psychiatric literature which are quite revealing and which have been completely neglected by Western analysts of the Soviet system. From this literature, for example, it should be possible to construct lines of association, if not causality, between mental disorders and elements of societal dissonance such as crime, delinquency, divorce, etc.

4) There have been some changes in the psychiatric problems of Soviet society in the last generation or so. Schizophrenia, for instance, has become far more frequently diagnosed than it was in Stalin's time. This may suggest a real rise in the rate of prevalence, but it is also explained by the tendency to over-diagnose
psychotic symptoms as schizophrenic, a result of the influence of Andrei Snezhnevskii, head of the Institute of Psychiatry in Moscow. Other distinctions among generations, such as evidence for increased alienation among Soviet adolescents, have been discussed above.

5) The most frequently diagnosed mental disorder, apart from schizophrenia, is alcoholic psychosis. This diagnosis refers to a specific illness which is produced by alcohol abuse and addiction, but also includes a wide range of associated disturbances to which alcoholism contributes significantly, especially chronic depression.

These answers must be seen as provisional at best. We are still only beginning to understand how to formulate the proper questions and how to proceed toward getting the necessary information to deal with them. What is clear from this study is that the psychiatric profession in the Soviet Union is not a monolithic group mainly involved in the abuse of dissidents but that it is a multi-faceted community of doctors concerned with mental illness who possess an extraordinary amount of valuable information on the Soviet system and how it functions. Furthermore, the sector of Soviet society which is suffering from forms of mental illness is itself a repository of knowledge about the country. The conflicts, aspirations, fears and fantasies of these patients, as portrayed by the psychiatrists who treat them, are
reflections of the troubled under-layers of unofficial Russia. If we in the West are to properly understand the realities of life in the Soviet Union, we cannot afford to ignore any aspect of what Ernst Neizvestnyi, the prominent emigre sculptor, has termed "the catacomb culture" of Soviet society.
Appendix I: Main Currents in the History of Russian and Soviet Psychiatry

There is evidence from monastic and town chronicles as well as from iconography to suggest that various forms of mental illness have been diagnosed and treated among East Slavs since the inception of the Kievan state during the tenth century. For centuries, individuals suffering from these disorders were placed under the care of specified monasteries. During the modernizing reign of Peter the Great (1682-1725), an edict was passed proposing that mental patients be placed in secular hospitals. By the end of the eighteenth century, psychiatric asylums were established along with designated wards of general hospitals for the treatment of the insane. The first asylum for the mentally ill was opened in Novgorod in 1762; this was followed by similar institutions in Moscow in 1776 and in St. Petersburg in 1779. This process continued during the next century. Beginning in the 1860s, the hospital system in Russia expanded into the provinces.

In spite of this growth, psychiatric care before the 1917 revolution was continually handicapped by lack of adequate funding by the government, and obstruction on the part of uncooperative...

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local officials. Although there were notable exceptions, such as
the introduction of the British "non-restraint" treatment and
humane experiments with occupational or "work therapy" in the
Burashovo "agricultural colony" for psychiatric patients, in
general the distressing portrait of the backward and brutalizing
mental hospital in Chekhov's story, Ward Number 6 was
unfortunately more the rule.20

At the same time, a modern psychiatric profession was in
formation. Building upon a century of highly imaginative and
speculative theoretical work mainly written by philosophers and
thinkers without medical training, physicians began specializing
in the causes and cures of insanity in the nineteenth century.21
V. Sabler headed the main psychiatric hospital, the
Preobrazhenskii, for over 40 years and was responsible for many
advances in the treatment of the insane. In 1857, Ivan Balinskii
established the first independent department of psychiatry in
Russia at the prestigious Petersburg Medical-Surgical Academy.
The most prominent and influential pre-revolutionary Russian
psychiatrist was Sergei Korsakov. Influenced in his early
training by Maudsley and Charcot and later by Kraepelin, Korsakov
went on to achieve international renown particularly for his
pioneering research in the diagnosis of alcoholic psychosis.
Because of the training programs organized by Sabler, Balinskii,

20 On developments in this period, see T. Iudin, History of
Russian National Psychiatry (Moscow 1951).

21 On the 19th century theorists of mental disorders, see D.D.
Fedotov, Essays in the History of National Psychiatry (Moscow, 1957).
Korsakov and other leading psychiatrists at the end of the nineteenth century, the psychiatric profession expanded significantly. Annual national meetings of Russian psychiatrists began in 1887. In addition, a section of Nervous Disorders and Mental Illnesses was included, after some years of resistance by the medical profession, in the annual congresses of the Pirogov Society of Russian Physicians, the national doctors' organization.22

Even before the 1917 revolution, psychiatric theory in Russia, dominated by Korsakov and also by the work of Vladimir Bekhterev in neurophysiology, was oriented around the notion that most mental disorders were based on functional changes in cerebral activity or brain injuries of various kinds. Bekhterev created the innovative Psychoneurological Institute in St. Petersburg where he and his associates specialized in studying the relationships between psychopathology and anatomy, and the physiology of the brain. At the same time, Bekhterev was interested in developing modes of psychotherapy to treat patients suffering from various mental disturbances with symptoms of memory dysfunction, hallucinations and delirium.

Following the upheaval of the 1917 Bolshevik revolution and the ensuing civil war, which severely depleted the medical resources of the country, the Soviet Union underwent a vast transformation as a new socialist society. The entire health

22On the medical profession at this time, see Nancy M. Frieden, Russian Physicians in an Era of Reform and Revolution (Princeton, 1981).
system was nationalized in an effort to provide services on a more planned and rational basis for the majority of the population. Amidst the chaos of this period, many experiments were carried out in virtually all fields of human endeavor in the feverish atmosphere of what was in effect a cultural revolution. Among the new currents of inquiry was an attempt to integrate the recent developments in psychoanalysis into the Bolshevik theoretical context during the 1920s.

The search at this time for a Marxist theory of psychology, with direct applications for medical professionals in psychiatry, permitted an intensive examination of Freudian theory which spilled over into the leading Bolshevik party journals and attracted a number of talented academics, writers, scientists and psychiatrists. Freud's works were translated into Russian in a series called the "Psychoanalytic Library," edited by I.D. Ermakov. By 1930, Stalin's reorganization of Soviet society included the condemnation of psychoanalytic theory and practice. Efforts continued to find a theoretical foundation common to all Soviet psychiatrists which would, at the same time, be grounded in the philosophy of dialectical materialism. Freudian theory was rejected, according to the official view, because it exaggerated the role of sexuality, underestimated the social problems of the working class and was rooted in an unempirical methodology and a non-materialist theoretical framework.

The "materialist" outlook, which for decades has been so approvingly cited in Soviet psychiatric literature, was codified
in the early 1930s, along with the enshrinement of neurophysiology of Ivan Pavlov. Pavlov was endorsed by the highest political echelons as the founding father of Soviet psychiatry, on a par with the influence of Freud and Kraepelin in Europe. Future psychiatric research was now to be oriented with the physiological and behavioral parameters established by Pavlov.23

Although the politicization of the professions, including psychiatry, undertaken by Stalin during the 1930s seriously restricted research, it did not prevent the development of new trends. Perhaps the most significant figure responsible for elaborating the need for a new, comprehensive psychiatric theory at this time was P.B. Gannushkin, who had been a student of the revered Korsakov. Gannushkin emphasized that rigorous attention be paid to clinical symptoms in any psychopathological investigation, and cautioned against accepting either a wholly genetic or wholly environmental-cultural etiological theory of severe mental disorders. His major ideas were published in his 1933 book on psychopathological symptomatology, which is considered one of the classic texts of Soviet psychiatry.24 His students,


colleagues, and successors developed a more sophisticated psychiatric theory based on his clinical investigations.

One of the more influential of these successors was G.E. Sukhareva, a child psychiatrist, who published a study in 1937 in which she rejected the Kraepelinian classification system then in use and proposed an alternative orientation for the diagnosis and treatment of schizophrenia. Instead of concentrating on symptoms, she suggested that a more accurate clinical picture could be obtained by emphasizing the course of the disease. There were two basic types of schizophrenia, according to Sukhareva: a "sluggish" or chronic form which had a generally unfavorable outcome, and an acute form, which usually had a favorable prognosis. She also noted that the first type occurred most frequently in children before the age of twelve while the second was found more often in the adolescent years. These concepts were adopted by Sukhareva's colleagues for further study for application to adults.

Thus, early Soviet psychiatrists began conceptualizing a continuous form of schizophrenia which developed at varying levels of severity with periodic remissions during the life history of the patient. This work has been advanced by Andrei Snezhnevskii and his colleagues over the last thirty years at the Moscow Institute of Psychiatry, as discussed earlier in this report.

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Appendix II: Methodological and Bibliographic Problems in the Study of Soviet Psychiatry

This project was designed to launch an effort in finding a new way to approach the whole area of psychiatry and the cultural determinants of mental illness. At present, the existing studies may be summarized as falling into one of two kinds of analysis. The first I call the Antagonistic Hypothesis. These studies are oriented around the notion that the Soviet and American systems are in unalterable and eternal opposition to one another. Understanding the Soviet Union is, in this view, reducible to discovering new areas in which this conflict is likely to emerge. The second group represents what can best be termed the Convergence Hypothesis. In this view, despite specific distinctions between certain critical aspects of life in the Soviet Union and the U.S., medicine in general and psychiatry in particular have been moving in similar directions over the last decades. The argument here is that with the decline of the once predominant role of Freudian psychoanalysis in American psychiatry, the development of the community mental health centers under President Kennedy, the rapid expansion of psychopharmacology

27Recent examples of this interpretation can be found in Ch. 12 of William Knaus, Inside Russian Medicine (1983) and in Marchall Goldman's discussion of inadequate Soviet health care in his book USSR in Crisis: The Failure of an Economic System.
for treating severe mental disorders, and the tendency to explain mental illness in biological, organic and genetic-hereditary terms, American psychiatry has in certain respects more and more come to resemble the main features of Soviet psychiatry.  

If a new approach is to be successful, we shall have to begin with facts, data, evidence rather than with established viewpoints which too often either discourage or preclude alternative methods of study. How can these be obtained? The most direct method is an analysis of the published Soviet psychiatric literature. This literature (as opposed to studies about Soviet psychiatry published in the West, discussed in the previous paragraph) consists largely of several widely used textbooks on and histories of Soviet psychiatry.  In addition there are many clinical articles of interest in the professional journal of psychiatry, The Korsakov Journal of Neuropathology and Psychiatry. This journal has published the theoretical and clinical findings of the leading researchers in Soviet psychiatry continuously for the last 83 years.

While this literature is of enormous value in understanding the main trends in Soviet psychiatric research, it cannot be relied on alone. In spite of the large number of case studies and


29 These include Iu. Kannibikh's Istorija psikhiatrii (History of Psychiatry, 1929); Iu.I. Iudin's Ocherki istorii otechestvennoi psikhiatrii (Essays in the History of National Psychiatry, 1951), and the many works by A. Snezhnevskii.
aggregate data presented, there are many areas which are left undiscussed or are treated unsatisfactorily. For example, in the important area of psychiatric epidemiology in which rates of prevalence and incidence for mental illness are established, basic statistical calculations are unavailable in Soviet psychiatric publications. Part of the reason for this lies in the nature of a highly centralized medical system controlled at the national level by government officials who possess the authority to define the acceptable parameters of published data. Statistical handbooks on medicine and public health do not contain information on the causes of psychiatric morbidity, on the regional distribution of morbidity and mortality, or on other barometers of the distribution of mental illness on a national level. The data which do appear in the published materials most often refer to specific catchment areas (health districts) in one city or comparisons of factory patient populations in limited settings in which the overall national rates are not estimated or computed.

Moreover, since social class is an unrecognized category in official Soviet society, epidemiologic studies do not make use of this important variable. To further complicate matters, data on occupation and education are usually not provided in Soviet psychiatric patient population studies.

From the data which do appear in Soviet publications, rates of severe mental disorders are approximately what they are in the U.S. This means that about 2% of the general population is
afflicted with severe mental disorders, especially schizophrenia. 30 The reliability of Soviet figures is far from established. These figures have been questioned seriously by one of my informants in an unpublished paper. According to this individual's research, which was based on a very large psychiatric patient population in Moscow during the 1970s, the rate for schizophrenia and other severe mental disorders is much higher. If this research can be corroborated it will have serious implications for our understanding of Soviet society and could compel us to revise many of our own operating figures about the Soviet Union. If psychopathology rates are closer to 5% or above of the population, as my informant believes, this means that there are millions less people who are capable of functioning effectively in the military and in the workplace than we have assumed. It also means that the national budget of the Soviet Union is far more committed to psychiatric health care expenses than we have thought. The cost of maintaining such an excessively large dependent population must then be seen as very high in a country where medical care is nationalized, largely free of fees and thus produces no income for the government. The drain on the national economy from this expense could be substantial enough to

affect planning in areas from military strategy to factory production.

Apart from the problems associated with reliable aggregate statistics, Soviet published materials are remarkably silent, elliptical or defensive on many vital topics concerning mental illness. The case studies show little emphasis on psychodynamic formulations involving inter-personal relationships, infantile sexual behavior and the realm of unconscious motivation in the personality. It is important to remember that the purpose of Soviet psychotherapy is to restore the individual patient to the workplace as soon as possible. It is clear from published case studies that psychiatrists emphasize socially purposeful and beneficial labor in their therapy which is responsive more to the demands of the society and its government than it is to the individual's specific needs.31

The wave of Soviet emigres to the United States has provided a new source of psychiatric information on Soviet society. There are many psychiatrists and psychologists among the recent emigration, many of whom, until their departure from the Soviet Union, were working in state positions of importance in the field of mental health. Some of them managed to bring materials with them which they could not publish in the Soviet Union because of the controversial nature of their methods of analysis and their conclusions. Others possess in their memories a rich storehouse of

material which, I found, they were most willing to share in interviews.

In each interview, I asked questions on the training and background of the respondent, and then proceeded to the questions on psychiatric practice, modes of treatment, and the cultural determinants of the most prevalent mental disorders diagnosed in the Soviet Union. While an emigre sample of this kind cannot pretend to be representative of the Soviet population in the manner of a truly randomly selected sample, there is a remarkable pluralism to this group. There were an almost equal number of men and women, whose age varied from the early 30s to the mid-50s. Their social origins varied from large urban centers to provincial towns. They came from a wide area including Riga and Murmansk in the northwest, Gomel in Belorussia, the Tbilisi region in Georgia, and Kazakhstan.

This report is the initial product of these interviews. Further and more extensive interviews will be conducted in the near future, and the results of this research will be published.