

News & Comment

Politics and Soviet Psychiatry

A new law is seen as a step toward ending political abuse of psychiatry, but many in the West want more changes before Soviets are readmitted to the World Psychiatric Association

A new Soviet law designed to protect people from arbitrary commitment to mental hospitals is being universally hailed as a step in the right direction. But observers say that whether this heralds an end to the political abuse of psychiatry will depend on whether top members of the medical establishment who have been longtime defenders of Soviet psychiatry remain in their positions.

The signs of liberalization have highlighted a division among Western psychiatrists over how to pursue a strategy to enhance scientific communication with their Soviet counterparts while also keeping up the pressure with regard to human rights. This issue is coming to a head as the Soviets are jockeying to reenter the World Psychiatric Association (WPA).

The new law would allow relatives of committed patients the right to appeal doctors' decisions. Details are to be furnished in decrees yet forthcoming. The criminal code of the Russian Republic has also been changed to outlaw the forcible hospitalization of a "patently healthy person," according to the Soviet news agency Tass. Finally, management of the Soviet system of Special Psychiatric Hospitals for the criminally insane is being transferred from the Interior

Ministry (home of the KGB) to the Ministry of Health, which oversees the country's Ordinary Psychiatric Hospitals.

The changes—which appear mainly aimed at corruption and malpractice rather than the political abuse of psychiatry—have been foreshadowed for some time. For the past year there have been numerous articles in the Soviet press severely criticizing practices by some psychiatrists, such as hospitalizing criminals feigning mental illness, putting away individuals who are troublesome to their relatives, and detaining people who have complained of bureaucratic injustices. A criminal investigation into corrupt practices among Moscow psychiatrists has been going on for the past 2 years. And directives have gone to psychiatric hospitals advising them to limit the number of people who are judged incompetent by reason of insanity.

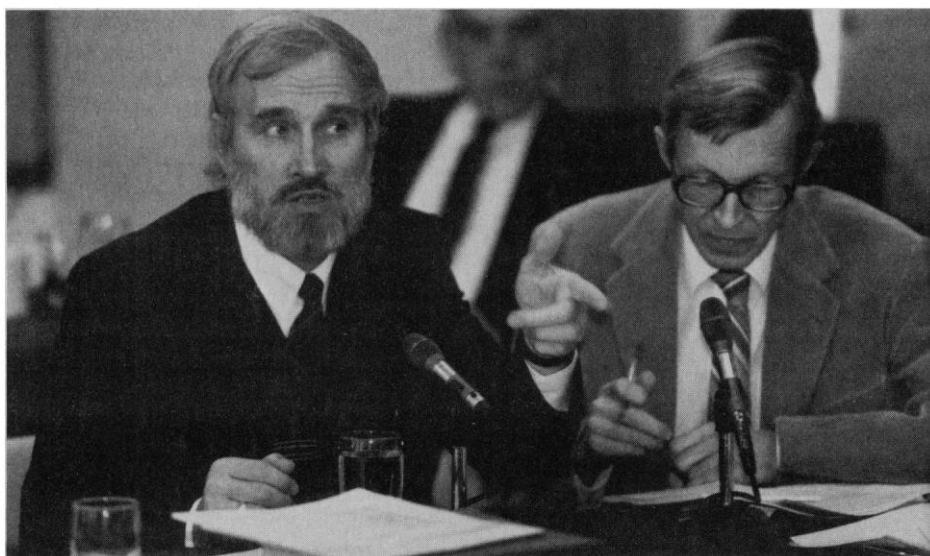
There is no telling yet what effect the legislation will have on the treatment of those hospitalized for political reasons. About 100 were released last year and 95 known dissidents are still detained, according to Helsinki Watch, the group that monitors compliance with the Helsinki Accords. Estimates of the real number of persons hospitalized for political reasons range from 200 to 1000.

Peter Reddaway, head of the Smithsonian Institution's Kennan Institute for Advanced Russian Studies and coauthor of two books on Soviet psychiatry, says "what we see at long last in the last year or so is that the payoff is potentially in sight"—the payoff for having "taken strong ethical positions over the past decade or so."

Continued pressure from the West is especially important now that the Soviets are trying to get back into the World Psychiatric Association, says Reddaway. They resigned from that body in 1983 just before the WPA's 7th congress, rather than face probable expulsion over alleged abuses. The 8th congress is coming up next year in Athens. However, most observers believe that significant changes will not be possible so long as the two most prominent members of the Soviet psychiatric establishment, Georgy Morozov and Marat Vartanyan, are still in place.

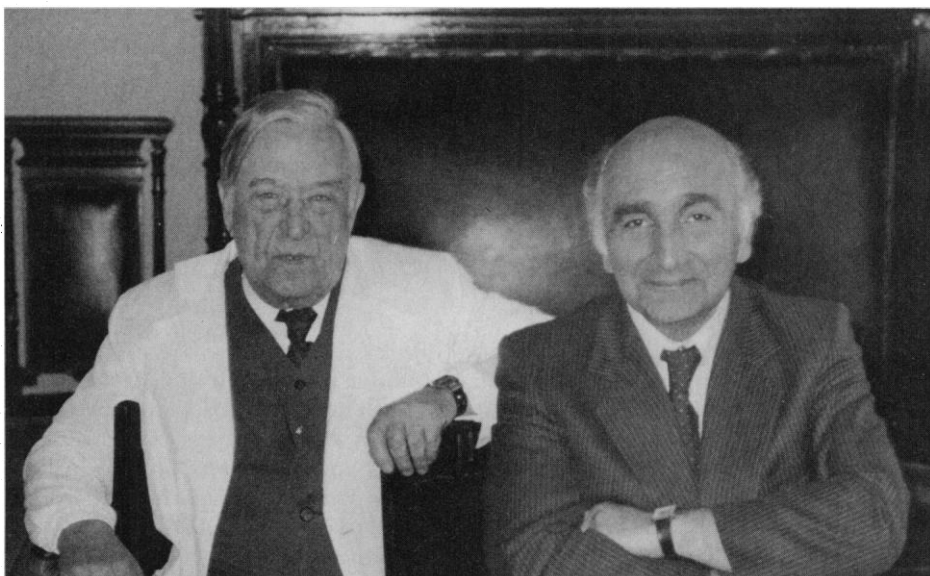
Vartanyan, 60, is an urbane, smooth-talking Armenian, fluent in English, who has been the chief apologist for Soviet psychiatry in international fora since the early 1970s, according to Reddaway and his coauthor Sidney Bloch.* Formerly on the executive committee of the WPA, Vartanyan was also until recently a highly visible member of the International Physicians for the Prevention of Nuclear War (IPPNW). Vartanyan was deputy to the number one man in Soviet psychiatry, Andrei V. Snezhnevsky, who until his death last summer was director of the All-Union Center for Mental Health, one of the two big psychiatric clinical and research centers in Moscow. In his public statements to date, Vartanyan has continued to deny categorically that there has been any misuse of psychiatry for political purposes.

Morozov, 67, is the country's chief forensic psychiatrist and has for 30 years headed the Serbsky Institute for Forensic Psychiatry where many prominent dissidents have been diagnosed as mentally ill. He also heads the



Koryagin talks to psychiatrists. Peter Reddaway (right) interprets as emigré psychiatrist addresses APA board.

*Reddaway and Bloch are the authors of *Psychiatric Terror: How Soviet Psychiatry Is Used to Suppress Dissent* (Basic Books, New York, 1977), and *Soviet Psychiatric Abuse: The Shadow Over World Psychiatry* (Victor Gollancz Ltd., London, 1984)



Soviet psychiatry's top men. The late Andrei V. Snezhnevsky (left) in his office with Marat E. Vartanyan, his successor as director of the psychiatry institute of the U.S.S.R. Academy of Medical Sciences.

official professional association, the All-Union Society of Neuropathologists and Psychiatrists. Morozov has served on many of the commissions that were responsible for diagnosing prominent dissidents, such as the one that pronounced biologist Zhores Medvedev a "psychopath."

Snezhnevsky, sometimes labeled the "Ly-senko" of Soviet psychiatry, was its dominant force for more than a generation until his death at 82. He came to prominence in the early 1950s when he led the faction responsible for ousting "anti-Pavlovians" from the higher ranks of medicine. He was the author of a theory of schizophrenia that has gradually gained dominance over the whole field of Soviet psychiatry, which has traditionally focused more on "major" mental illness than on neuroses and character disorders.

Because of the Soviets' broad definition of schizophrenia it is not always easy to differentiate the politics from the science of the disease, according to psychiatrist Walter Reich of the Smithsonian Institution's Woodrow Wilson International Center for Scholars. Indeed, Reich contends that many Soviet psychiatrists genuinely believe dissidents are mentally ill.

The Soviet scheme bears some resemblance to the old concept of "simple schizophrenia" which has since been discarded in the West for more exact criteria. Snezhnevsky contended that there were three genetically distinct types: continuous schizophrenia, episodic schizophrenia (where a person is normal between episodes), and "shiftlike" schizophrenia (where a person has acute episodes but is never really well.) Both continuous and shiftlike schizophrenia

can be manifested in "mild" forms which are not characterized by any of the commonly recognized psychotic symptoms. This has turned into a catchall for dissidents whose symptoms, such as alleged poor adjustment to society, very often qualify them for the diagnosis of "sluggish" or slowly developing schizophrenia. Hence, Morozov's observation, reported by emigré psychiatrist Marina Voikhanskaya, that "it's no secret to anyone that you can have schizophrenia without schizophrenia."

A typical dissenter's diagnosis is related by Victor Davidov, a law student who was hospitalized in 1980 for writing a tract critical of Soviet law. He was released in 1983, following protests from the West, and now lives in New York City. His diagnosis of sluggish schizophrenia was arrived at from three symptoms, he says: "emotional and volitional disorders; decline of critical faculties; and a tendency to philosophize."

Involuntary commitment—both criminal and civil—has been a useful tool for the KGB since it enables authorities to bypass what legal safeguards do exist against arbitrary detentions. A single psychiatrist can make a civil commitment; criminal cases in which mental illness is "suspected" are referred to a commission of three psychiatrists and cases are reviewed twice-yearly.

The practice probably reached its peak in the late 1960s and has declined since the early 1970s after concrete documentation of abuses was first produced in the form of the "Bukovsky papers." These were produced by dissident Vladimir Bukovsky, hospitalized for 23 months in 1963 and 1971, who gathered first-hand documentation of six cases of apparently sane people who have

been incarcerated for mental illness.

According to Reddaway, the largest category of those for whom the psychiatric route is chosen are human rights activists. Others are would-be emigres, nationalists, members of religious sects, and others who get in trouble for pestering local authorities. Many people are detained briefly for minor infractions such as attempted visits to foreign embassies.

Dissidents detained in Ordinary Psychiatric Hospitals are held for relatively short periods of time; but political prisoners have been held for years and even decades in the special hospitals for the criminally insane, where, according to reports from emigrés, prison-like conditions pertain, patients are brutalized by other patients assigned as orderlies, and tortured with the administration of anti-psychotic and other drugs. Bukovsky has described the practice of wrapping patients in wet canvas—an outmoded technique for sedation—and allowing it to dry and contract, causing near suffocation. Davidov says sedation is now more often accomplished by the use of a drug, sulphazin, which can cause high fever and several days' immobilization.

The number of cases of abuse is believed to have declined significantly since foreign and international organizations, including the American Psychiatric Association (APA) and Britain's Royal College of Psychiatry have increasingly voiced strong concerns. At the 1977 meeting of the World Psychiatric Association, Soviet abuse of psychiatry was condemned by a narrow vote, and as further abuses came to light, pressure started building for expulsion of the All-Union Society from that body.

In 1983, shortly before the 7th congress was to be held in Vienna, the Soviets, sensing which way the wind was blowing, withdrew from the WPA, protesting the "slandorous campaign" against them.

Now, says Reddaway, they are "desperately keen" to be let back in the WPA. The 1989 meeting in Athens will be a crucial one, for, he says, if the Russians are readmitted under the leadership of Morozov and Vartanyan, this will amount to absolution and acceptance of their denials with regard to questions of psychiatric abuse.

Psychiatrists are divided on the question of how to keep communication alive while not appearing to condone alleged abuses. Many are encouraged by recent developments and don't want to rock the boat by putting on too much pressure. As Reich observes, they are reluctant to do anything that they perceive might jeopardize the much larger cause, prevention of nuclear war. This is what Reddaway has called the "keep bridges open at all costs" argument.

This attitude has fallen out of favor in many quarters since the collapse of détente. At present, there are no formal cooperative agreements in psychiatry (a schizophrenia research agreement signed in 1972 never really got off the ground). Organized professional communication is at a standstill because the APA has adopted a firm policy that any contact with the All-Union Society must include "opportunity for discussion of the alleged abuses of psychiatry" in the Soviet Union. The Russians for their part refuse to have any dealings with the APA, which they feel has been abusive toward the All-Union Society.

The Russians in recent years have put out feelers suggesting they would welcome a delegation of American psychiatrists to examine the situation there, but they tend to clam up when someone tries to take them up on it. Last July, Reich wrote a letter proposing several initiatives on behalf of the AAAS Committee on Scientific Freedom and Responsibility. In August, in response to a Soviet overture to the State Department, Ellen Mercer, director of the APA Office of International Affairs, wrote the Soviet Embassy requesting a meeting to discuss a visit. In October Harvard psychiatrist Lester Grinspoon, pursuing a private initiative at the behest of Bernard Lown, head of the international physicians' group (IPPNW), made a similar proposal. None of these overtures has received a response, and the deadlock over any communication beyond individual contacts continues.

There is controversy within the APA over that organization's stance. The Northern California Psychiatric Society believes that any talk with the Russians is better than no talk, and has proposed a referendum in the 1988 APA election calling for the establishment of a task force to undertake scientific exchanges with the Soviets without reference to human rights questions. George Ponomareff of Castro Valley, California, who has been making yearly trips to the Soviet Union, pointed out to the *Psychiatric News*: "The treatment being received by the 99 percent of Soviet patients who are not [political prisoners] apparently holds no interest for our organization." Reed Brockbank of San Francisco says the APA board is "imposing unnecessary politicization" on potential scientific discussions, and states that "no abuse has been documented" in the ordinary psychiatric hospitals.

Mercer says such statements are "naïve and ill-informed." Paul Chodoff, head of the APA Committee on Abuse and Misuse of Psychiatry and Psychiatrists, has stated that the establishment of such a task force would amount to "an acceptance of the official Soviet psychiatric establishment" and

"would make a mockery" of the committee's efforts.

While the California group holds a distinctly minority view, there appear to be many psychiatrists who think the APA is being unnecessarily rigid. For example, former APA president Alfred Freedman of New York Medical College took a strong stand on the abuse issue when he was president in 1973, but he now says communication will be "difficult if human rights are set up as a prerequisite to any discussion."

Many psychiatrists also appear to feel that emigres with first-hand experience of the system—notably psychiatrist Anatoly Koryagin who emigrated last year—are too uncompromising in their stance. Koryagin has said that if the government were sincere it would immediately release and "rehabilitate" all psychiatric detainees. Grinspoon, for example, says of Koryagin, "one can understand his extraordinary bitterness but we should not take his views as a blueprint" for how to proceed.

The IPPNW has tended to adopt the position that to press for human rights concerns may unnecessarily alienate the Soviets. This is criticized by people like Reddaway—as well as virtually all Soviet emigrés—who says that those who are reluctant to bring up human rights "don't understand the dynamics of Soviet politics." Catherine Fitzpatrick of Helsinki Watch says "the Canadians and British are less squeamish than the Americans about raising these issues" even though in the few cases where the doctors have brought pressure there have been positive results.

A similar conflict exists in the WPA which, says Reddaway, is divided on whether to stick to purely scientific issues, stressing unity among members, or to put a primary focus on the elimination of psychiatric abuse. The International Association

on the Political Use of Psychiatry, headquartered in Amsterdam, has reported that the current WPA president, Costa Stefanis of Greece, has been undermining the WPA position by carrying on private discussions with Vartanyan. Reddaway, who confirms that Stefanis has been talking to Vartanyan, says he "is doing precisely what is very damaging" to the cause.

As some researchers concluded at the time of the abortive schizophrenia agreement, there is some question as to how much the West has to learn from the Soviets about mental illness. Nancy Andreasen, a biological psychiatrist from the University of Iowa who led a group of doctors on an unofficial tour there last summer, says Soviet psychiatry is "completely isolated from the rest of the world." The group visited a variety of outpatient clinics (they were not allowed to see hospitals), and Andreasen's impression was that treatments seemed to be "either outdated neurobiological or behavioral." She said insulin coma is a standard treatment for schizophrenia, and depression and anxiety are often treated by electrosleep, which was tried and found ineffective in the United States in the early 1970s.

Davidov says that in the mental hospitals, there is far greater reliance on drugs than in the United States, particularly in the provinces where many outdated treatments are still used. He says that although hospitals have "labor therapy" the average Soviet hospital "has never heard of what psychotherapy is." There is apparently some use of psychotherapy in the outpatient clinics, though, and observers believe that there may be some rethinking of the Snezhnevsky schizophrenia-dominated school of thought now that the man is dead.

Until now, Soviet psychiatry "has been just about a totally closed book," says Reddaway. Although the effect of *glasnost* has been to focus mostly on petty corruption, broader discussion is bound to be generated.

Reddaway observes that General Secretary Mikhail Gorbachev has been busy "replacing the old Brezhnev hacks," and "the logic of the situation" suggests that Vartanyan and Morozov will have to go too. Vartanyan has already been frozen out of his position in the physicians' anti-nuclear war group.

Davidov explains that while the medical men are not particularly powerful politically, they reflect the larger struggle between Gorbachev and Victor Chebrikov, head of the KGB. "Most of this anti-psychiatric campaign [in the Soviet press] reflects this struggle," he says. For the West, says Reddaway, "this is the worst possible time to compromise." ■ CONSTANCE HOLDEN



Georgy Morozov. The U.S.S.R.'s chief forensic psychiatrist.

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