Comparing Soviet and Chinese Political Psychiatry

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J Am Acad Psychiatry Law 30:131–5, 2002

The international campaign against the political abuse of psychiatry in the Soviet Union spanned a period of 20 years. It started roughly in the beginning of the 1970s when the Moscow-based dissident Vladimir Bukovsky sent the first documentation to the World Psychiatric Association (WPA) and ended in 1991 when the same WPA sent a mission to the Soviet Union to investigate whether the political abuse of psychiatry had indeed come to an end and democratization had also reached Soviet psychiatry. In the meantime, the attitude of world psychiatry toward the problem changed almost 180 degrees, and bodies such as the WPA were triggered into adopting codes of ethics and setting up investigative bodies that would assure that the newly adopted codes of conduct would be adhered to and that violators would be sanctioned.

Soviet Psychiatric Abuse and the World Psychiatric Community

When in 1971 Vladimir Bukovsky sent the first set of documentation of prominent Soviet cases to the WPA with the request to review them and discuss the matter at the forthcoming World Congress of the WPA in Mexico, his request fell on deaf ears. The Soviets threatened to walk out of the WPA, and the notion that this would hurt the WPA instead of the Soviets themselves was so strong that the delegates in Mexico succumbed to Soviet pressure. The situation was not discussed, and Bukovsky was subsequently sentenced to 7 years in labor camp and 5 years in exile.

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However, Pandora's box had been opened. During the six years between the congress in Mexico and the next one in Honolulu, increasing numbers of documented cases reached the West, and protests began to mount. The first committee against the political abuse of psychiatry was founded in 1974 in Geneva, lending the Geneva Initiative on Psychiatry its current name. Psychiatric associations became active, in particular the British Royal College of Psychiatrists (RCP) and the American Psychiatric Association (APA), and when the next World Congress convened in Honolulu in 1977, it was inevitable that the issue would be on the agenda. This congress led to the first official international condemnation of the abuses and approved the Declaration of Hawaii,[1] a document that outlined the standards of ethics for psychiatrists worldwide. Soviet psychiatric abuse began to have an impact beyond the issue itself.

After Honolulu, pressure on the Soviets continued to mount. More groups were formed, resulting in December 1980 in the founding of what would later become the Geneva Initiative on Psychiatry. The campaign was directed at two main goals: to embarrass the Soviet authorities to such an extent that they would decide that it would be more profitable to end the abuses and send political prisoners only to labor camps, and to mobilize world psychiatry to take a stand against these abuses in general and to take measures to prevent such abuses from occurring elsewhere. The latter goal was quite difficult to attain, because many psychiatrists believed that the issue was political rather than one of ethics. Slowly but surely, however, the notion was accepted that the campaign against the abuse was targeted at taking politics out of psychiatry rather than allowing it to enter. This campaign of embarrassment worked quite well on the Soviet authorities. Hospitalized persons were in-

creasingly less-prominent political prisoners, and as soon as international campaigns developed, they were either released or moved to "normal" places of detention. In 1982, when it became clear that expulsion by the General Assembly was certain, the Soviets angrily left the WPA, and a year later, a resolution was adopted at the World Congress in Vienna that put conditions on their return.

For six years, the Soviet authorities tried to find a compromise between campaigning for a return to the WP—showing that they indeed considered their forced departure to be a loss of face—and continuing the abuses in a less conspicuous manner. Documenting the abuses became increasingly difficult because of the crackdown on the dissident movement, but after Mikhail Gorbachev assumed power and started his campaign of glasnost, Soviet newspapers increasingly started to discuss the matter openly. Cornered by their own Soviet press, by evidence from victims of political abuse released as part of the policy of perestroika, and by a damaging report by the U.S. State Department mission to the Soviet Union that investigated the political abuse of psychiatry, the Soviets sent a delegation to the World Congress in Athens in 1989 and agreed to acknowledge that, indeed, systematic abuse of psychiatry for political purposes had taken place. As a condition for their return to the WPA, they promised to discontinue these abuses, rehabilitate the victims, and democratize the Soviet psychiatric society. The latter proved to be an unnecessary promise. The Soviet regime soon fell, and new national psychiatric associations sprang up across the country. When a WPA delegation visited the Soviet Union in 1991, they met newly founded associations in Lithuania and Ukraine, set up by psychiatrists who became key reformers in the years that followed.

The campaign against the political abuses had put the matters of human rights and medical ethics high on the agenda, and these formed the cornerstones of the work of mental health reformers in the former Soviet republics during the years that followed. These issues also continued to have an international impact. In 1996, the WPA adopted the Madrid Declaration[2] at its World Congress in the Spanish capital, further deepening and fine-tuning the Declaration of Hawaii adopted 19 years earlier. When reports of new abuses in Turkmenistan reached the West during the Madrid congress, one letter of protest from an international group including delegates from the former Soviet Union immediately terminated these abuses. Today, with the question of political abuse of psychiatry in China on the agenda, there is no discussion of whether it is a matter for the WPA to address. To the contrary, the WPA has taken a very active role in this campaign and discussions with organizations such as the Geneva Initiative concentrate on questions of tactics, not of content.

Soviet Political Abuse: A Personal View from the Inside

Several years ago, at a seminar our foundation organized for mental health professionals from the former Soviet Union, I had a long discussion with a former Soviet and now Ukrainian psychiatrist about the question of political abuse of psychiatry. Coincidentally, this woman had studied psychiatry in the same class as Semyon Gluzman, a young Kiev doctor who later became well known for his opposition to the political abuse of psychiatry in the Soviet Union. Shortly after graduating, he wrote a report in absentia on a dissident Soviet general, Pyotr Grigorenko, concluding that the latter had been interned for purely political reasons. It cost Gluzman 10 years of his life, spent in a labor camp and in exile.

My interlocutor chose another path in life. She joined the Communist Party and eventually became head of the regional party committee in the district, where she headed a division of a psychiatric hospital. She was a faithful party member and a good Soviet psychiatrist. In 1985, she became very upset when she received the first documents from the most recent Party Plenum. Mikhail Gorbachev had been elected General Secretary of the Communist Party, and his ideas about perestroika and glasnost were already filtering through in these first documents. She could not sleep that night, and became increasingly worried during subsequent months as more instructions from Moscow appeared on her desk. They were unusual, and what was worse, they confirmed her fears of that very first night: The author, Mikhail Sergeyevich Gorbachev, was not normal. Actually, he was ill, clearly suffering from what was widely known in Soviet psychiatry as "sluggish schizophrenia." And indeed, Gorbachev had all the symptoms: struggle for the truth, perseverance, reformist ideas, and willingness to go against the grain. My interlocutor continued to believe in her diagnosis until the Soviet Union collapsed and the windows to the world were opened wide. Only then did she realize that her concept of mental illness, shared by virtually all the approxi-

mately 45,000 Soviet psychiatrists, was what was abnormal and that Gorbachev had been normal all along.

During the past decade, I have had many such discussions in many former Soviet republics. To me, these discussions—frank, deep, and without imposing any blame or guilt—were a unique opportunity to analyze what I had learned to see as something purposely evil. Soviet psychiatry had been branded as evil—a mental-healthcare system that had been turned into a tool of repression, with henchmen who happily tortured dissidents with neuroleptics while dressed in army or KGB uniforms covered by white-coats; with psychiatrists who deliberately took the "Oath of the Soviet Doctor" seriously, which made clear that their first allegiance was to the Communist Party and, only after that, to medical ethics—doctors who, in the words of a Soviet doctor, "knew when to put down the stethoscope and take up the pistol." And we Western opponents to the political abuse of psychiatry, as well as the very few who dared to oppose these practices from within the Soviet Union, saw ourselves as righteous. Truth was on our side, it was our task to stamp out these horrific practices and to brand Soviet psychiatrists as henchmen not worthy of the title "doctor."

What we didn't know then, and what we continue to learn today, is that the truth was much more sophisticated, and at the same time even more horrific than we could imagine. The overwhelming multitude of Soviet psychiatrists either had never participated in the political abuse of psychiatry, had tried to avoid being trapped by authorities into taking part, or had no idea that they were hospitalizing people who according to international standards were in perfect mental health—if such a thing exists. They followed the criteria that they had been taught by a monopolized psychiatric educational system that was dominated by the Moscow School headed by Professor Snezhnevsky. They had been cut off from international psychiatry and had no knowledge of what their colleagues in the outside, "bourgeois" world believed. If any information trickled through, it was immediately seen as an offspring of degenerated bourgeois societies. They were part of a society in which private initiative, independent thinking, and going against the grain were, at the least, considered dangerous and were often branded criminal. They were part of a society that was taught that anybody who was different, both in thought and in appearance, was "not normal" and thereby almost inherently was "antisocial" and "antisocialist." When combined with the theories of "sluggish schizophrenia," this training made it very easy to convince rank-and-file psychiatrists, who had only a Soviet education and no access to world psychiatry, that any person who went against the Communist Party and was willing to risk the happiness of both his family and himself had to be mentally ill.

During the past five years, our foundation has financed a program of research into the origins of political abuse of psychiatry, conducted by the Ukrainian Psychiatric Association led by the earlier-mentioned Dr. Semyon Gluzman. As part of the study, a commission of two forensic psychiatrists and one psychologist examined the files of approximately 60 Ukrainians who had been hospitalized in the Ukraine under the Soviet regime after having been declared mentally unaccountable by a court because of "slandering the Soviet system" or because of "anti-Soviet agitation and propaganda." One of the two forensic psychiatrists is retired, with a long career in both the Ukraine and Moscow, at the Serbski Institute of Forensic and General Psychiatry. The name of the Serbski Institute is still enough to send shivers up the spine of many victims of the political abuse of psychiatry. It was the place where most of the well-known victims saw their fates determined. Dissidents were held for observation in the fourth ("political") department, and in most cases mental illness was the eventual diagnosis—almost invariably accompanied by a diagnosis of "sluggish schizophrenia."

When the investigative commission reviewed the files, the retired psychiatrist recognized many names under the diagnoses: former colleagues, sometimes friends, known to her as good professionals. The diagnoses were composed as though she had written them herself: the same style, the same terminology, and probably the same conclusions. Yet when the commission subsequently examined the 60 former victims in person, she was shocked, devastated. Those whom she saw in front of her were not persons with mental illness, but mostly pensioners, physically broken by many years of incarceration and long and intensive "treatment" with neuroleptics, yet mentally unbroken and clearly not mentally ill. It was for her a shocking confrontation with the past, the Soviet past, and with the environment in which she had pursued her psychiatric career—a catharsis that took her several years to deal with.

Indeed, even when the Soviet Union still existed and dissenters ran the risk of incarceration in mental hospitals, we tried to answer the question of whether the *nomenklatura* of Soviet psychiatry knew what they were doing. With some, we thought we were dealing with scientists' having gone astray, working within a system that exerted no control and, to the contrary, made use of the theories they developed. Others, we thought, managed to build a career precisely because of the abuse of psychiatry—a career they would never have had if their country had supported a controlled and independent medical profession. Recently, a documentary on the political abuse of psychiatry showed an interview with one of the most notorious "political psychiatrists," Dr. Yakov Landau, who headed the fourth department of the Serbski Institute for many years. In the film, produced by Polish television in 2001, Dr. Landau defends his diagnoses of dissidents, acknowledging that in some cases there may have been an issue of "hyperdiagnosis," but that, all in all, most victims were indeed mentally ill and that many who emigrated to the West eventually wound up in mental institutions. It is an old Soviet propaganda tune, sung for many years and still completely unproven. Dr. Landau then adds something interesting and revealing: "The organs [that is, the KGB] burdened us with very responsible work," he says. "They expected us to do what they asked us to do, and we knew what they expected." Is this a person speaking who deliberately sent people to psychiatric hospitals because the KGB asked him to do so, or is it a bureaucrat-psychiatrist who fulfills any order the authorities might give? It reminded me of the Dutch civil servant, who in 1941 was commissioned by the German occupying forces to develop an internal passport. The Dutch bureaucrat followed the orders, not realizing that he was developing a tool that eventually made a major contribution to the extermination of 95 percent of the Jews living in The Netherlands. The internal passport he developed was good—very good—and the Germans were astonished and thanked him by organizing a meeting for him in Berlin with Adolf Hitler.

As I said earlier, after the fall of the Soviet regime we found that the truth about Soviet psychiatry was even more horrific than we had imagined. The political abuse of psychiatry was only the tip of the iceberg. The Soviet regime had ostracized any person who was not productive, who did not fulfill the image of the healthy socialist person laboring for the common good—the radiant communist future. And so they were put away in institutions: persons who had physical disabilities, mental disabilities, or mental illness, and also those who did not "fit" into this wonderful image. Often they were put together in big institutions outside the city, the so-called "internaty"—large coffins with no medical care where they were left to sicken and die. During the past decade, I have visited many of these institutions, and they continue to nauseate and upset me. These places are the "Hell" of Dante on Earth, and despite major efforts by mental health reformers and by much of the personnel forced to work in these places, human rights are violated on a massive scale in these institutions as well as in many mental hospitals. Yet, I have also become convinced that most of the personnel care about their patients, wish them well, and often go to great lengths to treat them humanely, despite the degrading living conditions. However, lack of funds, neglect by authorities, disinterest or outright hostility by the general population, and lack of education make it very hard to improve the quality of life. I have learned to respect and admire the mental health personnel who continue to work under these difficult circumstances, often with minimal salaries and sometimes despised for their "dirty work" by those in their surroundings. I find it even more surprising when I meet people who decide to stick out their necks, who try to effect change, who support relatives and consumers, and who basically go against apparent "common sense." They not only find the courage to try to do the impossible, but they go against everything the Soviet regime has taught them: they take initiative, they behave differently, and they care for people who, according to Soviet philosophy, are less worthy than cattle.

Psychiatry was abused systematically in the Soviet Union, there is no doubt about it. The Soviet delegation acknowledged it in Athens in 1989 at the General Assembly of the WPA when they tried to reenter this international scientific body. Research conducted both in the West and the former Soviet Union itself only confirms this view. Approximately one in three political prisoners were held in psychiatric hospitals rather than in camps and prisons. Yet, the thousands of victims of these political abuses form only the tip of the iceberg of millions of Soviet citizens who fell victim to totalitarian Soviet psychiatry. It is this legacy of Soviet psychiatry that we are dealing with today and that we will be dealing with

several decades to come. Yet, the question of guilt remains unanswered: Who allowed things to go this far? Was it the psychiatrists who allowed their mental institutions to become so deeply inhumane, or the authorities who taught these psychiatrists, much as the remainder of society, that mental patients had no value and no human dignity? And why should we expect mental health professionals to treat their patients with dignity when they have lived under a regime that robbed people in general of their human dignity and turned them into "dispensable" wheels in the big socialist machinery?

Lesson to be Learned: The Issue of China

When I first read the article written by Robin Munro, I was shocked—shocked, and almost ecstatic at the same time. Call it "professional deformation," but I was shocked by the scope of the abuses and at the same time ecstatic that the abuse was so well documented by evidence coming from official Chinese sources, rather than by smuggled reports from dissident sources, as were received from the former Soviet Union. Indeed, the evidence produced so far is overwhelming, shocking, and, in my view, extremely damaging. It is one thing when dissidents claim to have been incarcerated in psychiatric hospitals for purely political reasons. It took us many years to come up with independent alternative diagnoses confirming these claims. Yet, here we have articles and reports from the Chinese scientific press, from manuals for police, and from official Chinese documents.

It is clear—albeit not surprising—that something is seriously wrong and that these reports, spanning several decades, cannot be pushed away with simple claims that this has to be viewed in a cultural context and that the persecution of Falun Gong members can be explained by *qigong*-induced mental illness. Undoubtedly, some of the victims are mentally ill, just as in any other cross-section of the population. Among the dissident community there were many unusual characters, often rather difficult ones. Otherwise, they would never have found the courage to go against a ruthless and vicious regime! But since when is being "unusual" or somewhat unstable reason enough to be incarcerated in a mental hospital, only to be tortured with neuroleptics and by other means? Attempting to establish the "scientific proof" of cases of *qigong*-induced mental illness—however interesting it might be—smells too much to me of the Soviet campaign to explain the abuses as "hyperdiagnosis," which was the Soviets' last stand in the mid-1980s, until they finally acknowledged that thousands of people had been diagnosed insane because of their convictions.

The campaign against the Soviet abuse, which I joined at the time of the WPA Congress in Honolulu and in which I have actively participated for more than a decade, and the years of working with former Soviet psychiatrists after the disintegration of the Soviet empire, taught me to abandon the image of "evil and righteousness." I learned to look behind the masks and to try to understand the mechanisms that bring about the abuses and make psychiatrists and others participate in these crimes. The "evil and righteous" image turned Soviet psychiatrists into our faceless enemies, and us into "spies," "agents of foreign imperialist governments," or—in the eyes of some Westerners—"members of the Scientology Church." Of course, the closed nature of Soviet society, the monopoly of the Moscow School and the carefully nurtured psychology of the *Homo sovieticus* made it very difficult to reach out to rank-and-file Soviet psychiatrists to try to open a debate. In the case of China, I believe this will be difficult, but not impossible. Chinese psychiatry is much less uniform and much less monopolized by one school than was its Soviet counterpart, and thus there are openings and possibilities. It is my belief that a campaign against the political abuse of psychiatry should be combined with an education program, discussing issues of medical ethics, human rights, and patients' rights with Chinese colleagues and translating important documents and educational materials into Chinese. It is one of the surprising, yet gratifying, results of the long struggle surrounding the political abuse of psychiatry in the Soviet Union that the WPA and the Geneva Initiative have come to share that conviction and that goal.

References

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