

# Law and Psychiatry: The Totalitarian Experience

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In ancient Rome, handwritten newsletters—the so-called *acta diurna*—were distributed in public places. Unfortunately, the totalitarian regimes of the 20th century, professing the dogma of unanimity, condemned *acta diurna*, created and distributed at the initiative of its own citizens, as breaches of law. Antitotalitarian *acta diurna* in my country acquired the name of *samizdat* and threw many of my fellow citizens into jails, camps, and centers for psychiatric detention.

According to Isaiah, God is the source of truth and justice.<sup>1</sup> Isaiah's words, by themselves, provide an excellent explanation of the hatred harbored by totalitarian leaders, of any color or type, toward pluralism or variety of opinion. The presence of the concepts of God, "truth," and "justice" in public awareness serves as an antidote to totalitarian rule. Justice as a concept of the civilized world is our most prestigious heritage. How do we measure progress in our civilization? What are its symbols? Not, I hope, the space shuttle or specially prepared canned food for cats, but rather the good old and naïve Don Quixote, who could stand against evil and injustice. That Don Quixote who never won but always fought. He is that tragic knight, who with the help of his spear and decisiveness kindled the hope in us that "the good" and justice are immortal.

The 17th century was the century of mathematics, the 18th of physical sciences, and the 19th of biology. But the 20th century was that of fear.<sup>2</sup> These words

of Albert Camus reflect the hyperbole of the artist, but they contain a direct meaning and the truth about us: The 20th century was really a century of fear—fear before social ideologies, causing the death of millions. And one more thing—a smaller scale and localized fear—fear of psychiatry, used for the "treatment" of people who were too sincere, too truthful, and too "different."

A lot of things are resolved in totalitarian societies through politics. The application of law is limited, and in the words of Parsons, it is kept out of the order of the day. The overall politicized societies under the totalitarian systems subjugate law to current administrative needs. The totalitarian ruler treats the history of the miller from Potsdam's winning a court case against his king Frederick the Great as a funny anecdote. The king wanted to build a palace in the park at San Soucie, but a mill located at that site was an obstacle to it. The miller refused to demolish it, appealed to the court, and won the case. In a totalitarian state there is neither private mill nor any personal freedoms. As Henry Adams put it, the influence of unlimited power on the limited intelligence of the presidents is an issue worthy of attention.<sup>3</sup>

Totalitarian thinking assumes that the world is very simple and is fully understandable, and that absolute classification of physical objects as well as human behavior and thinking is possible. In totalitarian culture, the ideas of innovation, change, and doubt are absent. To me, Margaret Mead's famous definition of postfigurative culture is also applicable to the culture of totalitarianism, which so thoroughly infects people's thinking with the absence of doubt and cognition. Margaret Mead defines "postfigurative culture" as ". . . a type of culture where each change occurs so slowly and unnoticeably that the grandfathers, holding their newly born grandchildren in

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their hands, do not think of any other future for them other than the one they have had in the past."<sup>4</sup>

This is why totalitarianism, from the point of a closed social system, is so apprehensive of any social innovation. In the words of Margaret Mead:

In a culture in which ideas of invention and change are lacking, a very specially gifted individual may be needed to introduce even a very minor change. . . . Such minute changes may require as great gifts as did the discoveries of Galileo or a Newton, who worked within the context of a great tradition of scientific growth in knowledge.<sup>4</sup>

Closed systems, in the physical, theoretical, or social sense, possess similar characteristics:

1. They are not capable of constant exchange of substances, energy, or, in the context of social systems, information with the external environment. At most, they are capable of sporadic exchange, and they therefore follow the second law of thermodynamics: growth of entropy.

2. They are regulated according to the principle of homeostasis—that is, they possess maximum possible constancy of structure and functioning.

3. They are characterized by maximization of hierarchy, according to which decisions are made.

It is not by accident that I am repeating and explaining such obvious truths, already known to everybody and very far from my own academic discipline, psychiatry. Soviet psychiatry is the native child of the system and the society I have been describing. However universal and global the tenets of clinical psychiatry may be, there are national peculiarities. This is a truism. Soviet psychiatry, as a social institution that was formed and functioned within the totalitarian system, could not but be totalitarian. This was inevitable because it is only a subsystem, whose characteristic features are predetermined. All major characteristics of the system will inevitably be present in its constituent parts, the subsystems. This is a sociological law.

Political scientists Cord *et al.*<sup>5</sup> divided modern social systems into six types, ranging from full democracy to full totalitarianism, based on such indicators as number of parties, organization of elections, attitude of the state toward human rights and freedoms, and other traditional sets of standards for democracy. I think we may also assess the subsystem of psychiatry of any given state according to similar criteria.

Henry Adams once said that “[a]n honest historian does not have the right to eulogize or decry the objects of his or her research.”<sup>3</sup> I would like to follow

Henry Adams’s advice as I analyze the phenomenon of Soviet psychiatry. I put three questions before myself: Why did it happen? How did it happen? Could it not have happened? To answer these questions, I think we must draw on the well-known truths of systems analysis as an appendix to political science.

Francis Bacon<sup>6</sup> observed that “Power” and “the State” should be understood as entities of justice; had it been possible to institute justice in any other way, there would be no necessity for them. Continuing this thought, we might say that psychiatry, as a special instrument of the state, is also an entity of justice.

Psychiatry in a democratic state open to public control is morally orientated psychiatry. The greatness of democracy does not lie in the fact that the majority has the privilege of unlimited freedom. Instead, it lies in the fact that the majority places the qualities of the human being at the center of the state.

Psychiatry in a totalitarian state is compelled to serve two diametrically opposed principles: on the one hand, healing neglected and suffering psychiatric patients, and on the other hand, repressing people who think “differently,” who get in trouble in society, and whose thinking is attributed to psychopathology. Unfortunately, the duality and ambiguity in these principles, which are sources of inspiration for poets and writers, are catastrophic for politicians and doctors. It should always be borne in mind that those who think “differently”—the objects of repression in a totalitarian state—are not only those who propose a plan to hijack a plane or to organize a coup d’etat, but also those who would laugh at the physical peculiarities of the ruler or who would send a letter to a friend explaining the difficulties of everyday life. As the Spanish philosopher J. L. Vives wrote in the beginning of the 16th century to Erasmus in Rotterdam, “We live in such hard times that it is not safe to either speak or be silent.”<sup>7</sup>

We psychiatrists should also tell the truth to ourselves: So much is unknown about the human psyche, the subject of our professional interest, that it is nonsense to claim that clinical psychiatry always bases itself on evident facts verified by experiments. Neils Bohr<sup>8</sup> confirmed that even in the area of his scientific research, physics, the object of research is not nature itself but the study of nature by human beings. The wise Pascal<sup>9</sup> wrote long ago that mathematics can never become a real instrument for study of the human being, as the task of creating moral

philosophy using the terminology of geometric systems is absurd.

Psychiatry, clinical psychiatry in particular, is not a science. And that is nothing to be sad about. Based on knowledge verified by concrete experience, the psychiatrist nevertheless serves the noble purpose of "Charity." He or she is bound to serve Charity, just like the priest.

Unfortunately, totalitarian upbringing gives birth to an illusion in the mind of the doctor that he or she is in possession of absolute knowledge. This dangerous illusion gives him or her the assurance that working psychiatric concepts are applicable in practice to all cases without exception, that the world of insanity and its rules are clearly defined and stable, and that in human psychology and behavior, there are no national peculiarities. Believe it or not, these are the assumptions of the totalitarian psychiatrist. The aphorism of Socrates is addressed to them, the psychiatrists of the totalitarian state: "I only know that I do not know anything, and they do not even know this."<sup>10</sup>

The American philosopher Wartofsky, in his work, "Virtues and Maladies: Social and Historic Constructions of Medical Norms,"<sup>11</sup> defines the essence of virtue in medicine. Medicine, he states, is a social human practice and as such it is one of the fundamental ways by which human entities regulate their existence and provide themselves with the tools needed for survival. Psychiatry, following Wartofsky's definition, is a part and branch of this practice.

Medicine, according to Wartofsky,<sup>11</sup> serves and fulfills transhistoric needs and values. What kind of values are served by medicine (in surgery, psychiatry, or pediatrics)? Is medicine based on the pursuit of knowledge *per se*? No. It serves Charity. It is Charity that sets medicine apart from theoretic biology, mineralogy, or other natural sciences. The human being is a responsible creature and a moral subject. One becomes so by the capacity to answer for one's own self and for others. Knowledge and the sciences are but auxiliary means, which have no meaning in a surrounding devoid of moral orientations. As Albert Einstein<sup>12</sup> noted, further development of human civilization will depend on its moral basis, not on its technological achievements.

Journalists, and most psychiatrists and specialists who have studied the abuse of psychiatry in the Soviet Union, have drawn attention to the known cases of abuse of psychiatry involving dissidents—in other

words, those whose words or behavior fell directly under the jurisdiction of the KGB. Unfortunately, though, the problem of abuse of psychiatry is deeper and much more complex than this. The number and proportion of such cases of psychiatric abuse—those endorsed by the KGB—was insignificant. They constitute the tip of the iceberg sticking out of the water, and the bigger part of it is hidden from the public eye. Political cases of abuse are just the epiphenomenon. They are, in a sense, incidental to the basic psychiatric paradigm of the totalitarian state.

To resist power and authority is innate in the nature of human consciousness. This is one of the guarantees of the dynamic equilibrium of the democratic social system. There are many ways of such resistance, from notes in the chronicles (newspapers and magazines), to frequent letters to legislators, even to rebellion. Some forms of resistance fall within the sphere of criminal law and not in the realm of psychiatry. But this is not the case with the totalitarian system. The one-sided view propagated by the state inevitably leads to the fact that any manifestation of resistance is interpreted by the totalitarian mind through the thick conceptual net of psychiatry. As a result, according to textbooks on psychiatry, "scientific ideas, dominating the mind of the scientist, and the fantastic ideas of the believer" can represent "overvalued ideas" and can be symptoms of serious psychopathology. A textbook published in 1973 in Moscow uses exactly these words.<sup>12</sup>

A question may be posed: Why does a totalitarian state, enjoying absolute power in its territory, consciously resort to such an encoded form of psychiatric repression of dissidents? I would give the following answer: Complete totalitarianism does not resort to psychiatric camouflage. Such was the nature of totalitarianism during the times of Stalin. However, Brezhnev's totalitarianism (which I would define as "exhausted, or tired," totalitarianism) did not enjoy that absolute power, and for this reason, psychiatric repression was used as a frightening "super weapon," which was far more horrible than the usual prisons and camps.

There is one more interesting aspect of this problem. Any power or authority calling itself absolute, by its very nature cannot be altogether legal. There is no alternative to this. Absolute power, permeating through social relations, even through family and sex, can only continue exerting its influence using illegal instruments. And this is what generates the

fear that acts as a cementing factor in the totalitarian society. Let us recall an example from history: During the time of Louis XIV, when absolute monarchy was taking shape, social and political affairs were administered through *lettres de cachet* (secret letters), bearing the force of executive instructions and subject to immediate implementation without any approval needed from the parliament. There is nothing new in this world. In my country there is a different name for this very same phenomenon: telephonic law.

From the point of view of the legislator of a totalitarian state, dissidence is a crime. From the point of view of the psychiatrist—educated to believe that “scientific ideas dominating the mind of the scientist” is a symptom of serious psychopathology<sup>12</sup>—moral, religious, or political dissidence is the manifestation of mental disorder. Such a psychiatrist, who has also been indoctrinated with the never-ending theories of Lombroso,<sup>13</sup> and all possible Lombrosian schools and trends in criminology, just does not understand that crime is a sociopolitical event and not a clinical state.

All these are sad phenomena, on the basis of which moral disorientation, illusions, and prejudices are instilled into mass awareness. Vilfredo Pareto,<sup>14</sup> the Italian sociologist, saw the roots of prejudice in emotions and secret tendencies, but not in reason and logic. Prejudice, illusion, and myth are all children of affect. Unfortunately, for this reason, knowledge and enlightenment cannot in one day destroy the totalitarian myths. That is why, in the minds of many of my post-Soviet compatriots, Stalin is still alive.

There are many large myths about Lenin, about Stalin, about Trotsky, but there also are smaller professional myths, equally strong and absurd. In my opinion, one of them is the professional myth, based on the social expectations of power, of the concept of “sluggish schizophrenia.” One of the eternal challenges of psychiatry is to define the boundary between normality and pathology. Somehow, this fundamental problem was obscured in the mind of the ordinary doctor by the concept of sluggish schizophrenia. This diagnosis supposedly identified a mild form of schizophrenia without any psychotic symptoms of thought disorder, characterized for example by overvalued ideas or obsessions. This diagnosis was used to justify the repression of all sorts of dissidents.

It is not difficult to see the fallacy in this practice. But it is not a scientific concept, it is a product of the

totalitarian consciousness. I am surprised at the attention that has been paid to sluggish schizophrenia by my Western colleagues and by the media. Naked kings use psychiatry for doing away with boys who tell the truth. Psychiatric practice is not motivated by one or the other psychiatric concept. The concepts are secondary; they serve only as masks to cover the already formulated collective awareness.

The following example shows that the consciousness of a psychiatrist is mainly based on affect as a result of totalitarian upbringing and that arguments are used selectively as rationalizations: In 1989, the Soviet *Medical Gazette* published my article on the abuse of psychiatry. In response, the editor received a letter defending the concept of sluggish schizophrenia from a doctor of medical sciences at the now-infamous Serbsky Institute for Forensic Psychiatry in Moscow. The letter read: “Moreover, sluggish forms of diseases are characteristic of our times and are not only seen in psychiatry but in sluggish nerve-infections, chronic collagenosis, etc.” I understand that the author sent this letter to the *Medical Gazette* with a request to publish it, possibly not understanding the absurdity of such comparisons.

The importance of protecting liberty from overreaching by psychiatrists has been emphasized for centuries. A French psychiatrist, Pierre Jean Cabanis, said this in the 18th century: “If a human being is psychologically healthy, or if certain insignificant changes in the mental sphere threaten neither his/her own or others’ safety and does not breach the social peace, no one has the right, not even the whole society together, to step into his/her freedom.”<sup>15</sup> This idea is recognized as a fundamental norm of human rights in international documents and in mental health legislation throughout the world.

What is mental health? Where is the margin that distinguishes each of us from psychiatric patients? Who among the psychiatrists can say, “Never in my life have I experienced the symptoms of neurotic disorder”? Who is closer to the ideal of mental health, Albert Schweitzer or Leonid Brezhnev?

Consider also the words by the French psychiatrist Flerit, written at the end of the 19th century: “Fully obsessed with the origin of species, Darwin, definitely in the past a neurasthenic, only with the help of mania of petty habits could perform his great work.” Compare these words with those in the Soviet textbook I quoted earlier about overvalued scientific ideas.

In 1961, psychologist Gordon Allport observed that “to divide people into types we have to push them into categories which are attractive to researchers.”<sup>16</sup> This observation contains all the complexity of our everyday professional work, and if you choose, its tragedy. Yes, tragedy. This is not just a scientific task, to understand and classify. Force and restrictions are imposed on some of our patients, although a compulsory measure cannot produce a feeling of satisfaction in the doctor about his or her work. In any case, it should not.

Despite the relativity and impressionistic character of psychiatric diagnoses, there are two beacons that can lead the doctor toward the right path, the humane way: morality and law.

The totalitarian state rejects ordinary, universally accepted, and long-standing moral norms. They are replaced by special, totalitarian norms—for example, the so-called social class morality. The totalitarian state is not grounded by the rule of law. Law is always subservient to ideology. It is declarative and decorative. Thus, it was in Nazi Germany with the infamous law of July 14, 1933, on “prohibition of hereditarily acquired limitations affecting generations”—the law authorizing sterilization of those with hereditary diseases.<sup>17</sup> The doctor, living and working in a totalitarian state, is bound to be the “silent cog” in the machine, whatever her or his qualifications, personal qualities, or convictions may be. The only alternatives are death, emigration (if possible), or prison. Sooner or later, the doctor has to make the choice.

The Nuremberg International Tribunal condemned 15 German doctors who were top-notch professionals in their spheres for their cruel medical experiments on the inmates of the concentration camps. A Russian doctor, V. M. Morozov, lived in one of these camps as a prisoner of war for a couple of years. Time passed by. This same Dr. Morozov became one of the leading psychiatrists of the Soviet Union, a corresponding member of the Academy of Medical Sciences. He also served on the expert panel of psychiatrists that found Major General Pyotr Grigorievich Grigorenko to be mentally ill. General Grigorenko was the most famous dissident in the Soviet Union because of his high military rank, and his case received a great deal of attention all over the world.

Morozov was not alone. Many of the leading psychiatrists participated in the repression of dissidents during the Soviet regime. But in all these cases, the reason is the system, the political system of totalitar-

ianism. Of course, the psychiatrists too should be blamed before God and before the people. I cannot and do not want to excuse them—those who were the concrete executors of the oppressive acts. But we should also remember: They were created by the System!

Once, after my return from the camps, I was looking through the old medical books, and a book called *The Prison Doctor and His Patients*, published in 1916 in Petrograd, drew my attention. It was strange to read: “The prison doctor as a professional devotes himself to the prison life to ease the physical and mental sufferings of the inmates. The work of the doctor in the prison does not require so much talent as it requires attention, care, tenacity and a whole-hearted attitude to work. The work of the doctor in the prison is not a career, nor a profession, but a mission. . .” Who was this Russian prison doctor Eichholtz? How did he live after 1917? When and where did he die? I do not know anything. The book is all that is left—a forgotten remnant of wisdom and perseverance.

In 1983, “Principles of Medical Ethics Relevant to the Role of Health Personnel, Particularly Physicians, in the Protection of Prisoners and Detainees Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment,” was published in the international journal *WHO Chronicle*.<sup>18</sup> The United Nations General Assembly (in resolution 37/194)<sup>19</sup> called on all governments “to allow the widest possible dissemination of the texts of these documents (the resolution and the ‘Principles’) in the official language of the respective state, in particular among medical associations and paramedical personnel and institutions, which have to deal with detention centers or prisons.” Yet, I ask, did important World Health Organization (WHO) officials take any steps to find out whether the medical and paramedical personnel of the “special” hospitals where dissidents were confined in the Soviet Union had been informed of the principles of medical ethics? Did they know about the tortures administered in these prison hospitals with the use of sulfazine, neuroleptic drugs, and other methods, such as beating? They could have known. They should have known, because the whole world already knew.

Let us pose the question to ourselves: Whose crime is more terrible, Morozov’s or the WHO officials who paid no attention to it?

Outsiders know a lot about this part of our history, but not everything. The same is true for me. *Samiz-*

*dat* documents could record only part of the abuse of psychiatry for political purposes. People in the West came to know of the facts, while people reporting them disappeared in jails. But all the cases involving violations of the rights of psychiatric patients and the abuse of psychiatry by Soviet law enforcement authorities unfortunately were not recorded and fell into the category of what we may call “legal customs.”

In 1939, the American psychiatrist Meyerson<sup>20</sup> described the state of those patients who were subjected to long-term hospitalization and showed signs of “prison psychosis”—that is, the type of behavior typical in long-term prisoners. Let us imagine the state of psychologically healthy people who were detained in the “special hospitals” operated by the Ministry of the Interior and were regularly injected with high doses of neuroleptics, given insulin and atropine shocks, and beaten and starved. They were punished even if a piece of paper or lead pencil was found when they were searched. In fact, there is no need to imagine these things. The world recalls the horrendous condition of the famous Ukrainian mathematician Leonid Pliushch when he arrived in France after he was tortured in Soviet psychiatric “hospitals.”

A nation, or people, “who cannot remember the past are condemned to repeat it.”<sup>21</sup> If I am not mistaken, these are the words of Santayana. Poor medicine, inhumane personnel, and the helplessness of psychiatric patients are things of our past. And they describe our present situation as well. We are as our totalitarian rulers have brought us up to be. Today we are learning to tell the truth to ourselves. “Perestroika,” “Glasnost,” and “New Thinking” are nothing but words—empty words, beyond which there is emptiness, if people do not know the truth, the truth about themselves and about their governments.

Change is under way in my country in real terms. These are slow and painful changes, but they are occurring. The situation with the profession of psychiatry is also becoming open, but we should not be misled. Neither knowledge, nor a modernized legal system can automatically heal and enlighten the morality of the country. There are many other factors tied to this. No one can introduce and enhance morality by an order—neither Sakharov nor Gorbachov.

However, I still remain an optimist. If the earth does not explode as a result of a final war, if the

evolution of my country does not stop, if my country becomes a country of the rule of law, our psychiatry will also change. But that is not a matter for today or tomorrow.

Usually new realities do not win their victories, because their opponents become convinced of the fallacies of the prevailing ideas and then acknowledge their mistakes. It is a rarity that the pagan Saul becomes the Christian Paul. In fact, the opponents die out, and the new generation immediately picks up the reality. This is what it will take for the vestiges of the totalitarian mind to finally disappear—in psychiatry and throughout post-Soviet society.

### References

1. Isaiah, 33: 5
2. Camus A: Acceptance Speech. Presented at the Annual Presentation of the Nobel Prize in Literature. Stockholm, Sweden, December 1957
3. Adams H: The Education. New York: Houghton Mifflin, 1918
4. Mead M: Culture and Commitment: The New Relationships Between the Generations in the 1970s. New York: Columbia University Press, 1978
5. Cord R, Medeiros J, Jones N: Political Science: An Introduction (ed 5). New York: Prentice Hall PTR, 1993
6. Bacon F: Advancement of Learning. New York: The Columbia Press, 1899
7. Ijsewijn J, Losada A (editors): Erasmus in Hispania, Vives in Belgio. Louvain, Belgium: Aedibus Peeters, 1986
8. Bohr N: Atomic Theory and the Description of Nature. Cambridge, UK: Cambridge University Press, 1961
9. Pascal B: Pensées (vol. 1). Paris: Bordas, 1991, p 277
10. Plato: Apology. Wauconda, IL: Bolchazy-Carducci Publishers, 1997
11. Wartofsky MW: Models: Representation and the Scientific Understanding. Boston: D. Reidel Publishing Co., 1979
12. Ushakov GK: Child's Psychiatry: Handbook for Students. Moscow, 1973
13. Lombroso C: Crimes, Its Causes and Remedies. New York: Legal Classics Library, 1994
14. Pareto V: The Mind and Society: A Treatise on General Sociology. New York: Dover Publications, 1935
15. Cabanis PJG: On the Relations Between The Physical and Moral Aspects of Man. Baltimore: Johns Hopkins University Press, 1981
16. Allport GW: Pattern and Growth in Personality. New York: Holt, Rinehart, and Winston, 1961
17. Mehler B: Eliminating the inferior: American and Nazi sterilization programs. *Science for the People* Nov-Dec:14–18, 1987
18. Principles of medical ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment. *WHO Chronicle* 37:79–80, 1983
19. Res GA: Principles of Medical Ethics. United National General Assembly Official Records (Suppl 51). 37th Session, December 18, 1982. 432:194, 1982
20. Meyerson A: Theory and Principles of the “Total Push” in the Treatment of Schizophrenia, 1939
21. Santayana G: The Life of Reason. New York: C. Scribner & Sons: 1906