

# Political Abuse of Psychiatry in the Soviet Union and China: A Rough Guide for Bystanders

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The fundamental issue really concerns the morality of the bystander. In most cases, most of us are neither victims nor perpetrators of human rights violations; we occupy the role of bystanders. Even though some of us may intellectually appreciate the ethical duty to aid and rescue suffering strangers, by far the greater number of us are sitting behind a veil of indifference which prevents us from acting.<sup>1</sup>

Morton Winston, 2001

Consulting any medical doctor carries a risk. Consulting a psychiatrist, while generally a helpful process, can lead to deprivation of liberty, stigmatization, and damage caused by the treatment process itself. Many countries have regulations, sometimes supervised by specially appointed persons, to control the actions of psychiatrists and to allow patients to appeal against them. A psychiatrist's competence and ethical awareness can be improved and maintained by training, but competent doctors occasionally make serious mistakes, and there must be few psychiatrists who do not painfully ponder their past failure to prevent suicides.

The standard of care depends as much, if not more, on the quality of other staff, whose training may be very limited. In institutions, 24-hour care can be very poor and even abusive, as it is at present in the United Kingdom in some care homes for the elderly, and as it has been in the past in some of its large mental hospitals, now closed.

Medicine has always had its fashions or fads and will continue to do so. "Low blood pressure" is frequently diagnosed and treated in most parts of Europe, but not

in the United Kingdom, where it exists only in inverted commas. "Psychogenic psychosis" is more or less confined to Scandinavia. In the 1950s and 1960s, the rates of schizophrenia varied considerably between the various states of the United States and also between the United States and the United Kingdom. Some careful studies found that many diagnoses of schizophrenia in the United States would have been diagnosed as affective disorder—a disorder of mood—in the United Kingdom. One reason for this was that anybody who was deluded was regarded in the United States as having a "thought disorder"—a "fundamental disturbance" of schizophrenia, in the influential scheme of Eugen Bleuler.<sup>2</sup> In the United Kingdom, however, thought disorder was confined to certain incoherent styles of speech, which were much less common.

A World Health Organization study in the late 1960s,<sup>3</sup> using a standardized reporting schedule, led to a fairly close agreement in rates of schizophrenia between many countries, but the highest rates were again found in the United States, where more attention was given to thought disorder and the views of Bleuler, and also in the Soviet Union, where Snezhnevsky's views prevailed. Both approaches required the detection and assessment of subtle changes in thinking and mood that were difficult to define, and thus provided a "Rorschach blot" on which the diagnosticians could project and exercise their particular skills and prejudices. In the Soviet Union, the center of such "expertise" was the Serbski Institute—a forensic hospital closely connected to the KGB.

The United States and the Soviet Union may have resembled each other in making a diagnosis of schizophrenia, but the social consequences of the diagnosis were totally different. In the United States,

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patients were encouraged to return to their previous level of work, which was possible for those who had recovered after the first episode or remained well with medication. The Soviet Union had rehabilitation programs, but the diagnosis of schizophrenia automatically excluded a person from most forms of skilled and professional work. It remained as a “brand” that could only be removed by a court—a very rare and usually unsuccessful procedure. Reification—the transformation of opinions into internal structures (Trotskyism, Revisionism, for example)—had spread to psychiatry. Diagnosis, on its own, could be used to ensure social exclusion.

In the Soviet Union, the state controlled and employed the professionals, who had no independent organizations. The annual subscription to the All-Union Society of Psychiatrists was three rubles a year, and Ministry of Health was the heading on its stationery. A doctor’s immediate employer—and ethical guide—was the local Soviet, controlled by the party, and the telephone command system—a “vertical structure” controlling a particular group or cell—was secretive and powerful.

In China, the medical profession remains under the control of the state, and the long history of political influence on its psychiatrists has been described in detail by Robin Munro’s meticulous research,<sup>4</sup> which provides convincing evidence that the political abuse of psychiatry has been practiced in China since the 1960s. I am also indebted to the review published in 1998 by Michael Phillips, who has worked in China for more than 15 years and remains its most perceptive and sympathetic Western commentator.<sup>5</sup> The situation in China today is very different from that in the old Soviet Union, which was largely closed to Western influence and run by a *nomenklatura* who had a monopoly of contacts with the outside world. In the past 15 years, China has made many international links, and much good work has been published in the international journals. Nevertheless, the psychiatric system, greatly damaged by the Cultural Revolution, is recovering slowly and, inevitably, unevenly, across the country. Psychiatry remains a low-status specialty in Chinese medicine. The Psychiatric Association, still part of the Chinese Medical Association, was established only in 1994, decades after the founding of associations of other specialties. Less than half of the medical schools of China have mandatory courses in psychiatry. This reflects the fact that people who have

serious mental illnesses are much more heavily stigmatized than in the West. One reason for this is that a great deal of “quiet” but disabling mental illness is contained and hidden in the family, and action is taken only when it leads to unacceptable, and thus shameful, behavior.

The Ministry of Public Security (i.e., the police) has a direct role in the management of the hospitals—an important one in view of the fact that most patients are brought to hospitals because of their “disturbing” behavior. Phillips states, “In general psychiatric hospitals, inpatients are hospitalized on locked wards with no formal commitment procedures,” and the poorly trained nurses “see their duty to be custodial rather than a caregiver.” Hospitals, with a perverse incentive to remain fully occupied, are given priority over the development of outpatient services. The huge numbers of Chinese with less disturbing psychiatric problems seek their care from folk medicine and from other therapies. Phillips’ article was written before the crackdown on Falun Gong. He describes the popular enthusiasm for the traditional *qigong* practitioners, with their claims to cure a wide range of illnesses. One contribution to the “*qigong* psychosis” was, from his experience, the advice that practitioners gave their clients that they should stop their current medication, leading to serious relapses.

No progress has been made in one activity where psychiatry and politics inevitably converge, the preparation and promulgation of a mental health act that conforms to the United Nations guidelines<sup>6</sup> and gives the patients the right to appeal. China’s version of such a law has remained in its 9th and 10th drafts for the past decade, and there seems little prospect of passage of actual legislation anytime soon. Phillips reports, “The one area where fairly clear national regulations have been promulgated is the forensic assessment of the level of criminal responsibility of mentally ill offenders.” These apply particularly to compulsory admission to forensic hospitals—the police-run Ankang system. But the Ankang system is in trouble and “requires urgent attention,” according to a 1996 report by two persons working in the Hangzhou Ankang hospital.<sup>7</sup> They state that there is “a shortage of nurses, especially at middle and senior professional levels, and the cultural level of staff is uniformly low.” Ankang hospitals also levy low financial charges, and this has left them “in danger of becoming economically unviable,” with poor pros-

pects for the hospitals' expansion and for attracting new staff. Phillips is equally concerned for the system as a whole, which is meant to become self-sufficient, but can succeed only by neglecting those who cannot pay. "The headlong rush toward a market economy is resulting in the destruction of the social welfare net which China had painstakingly constructed during its socialist era." China's recent admission to the World Trade Organization is unlikely to improve matters.

In the recovery of psychiatry in the former Soviet Union, a very important part has been played by nongovernmental organizations representing the views of service users or their relatives. In China in 1988, a "super user," Deng Pufang, the disabled eldest son of Deng Xiaoping, established a semigovernment body, the All-China Disabled Persons Federation. A group of influential psychiatrists interested in rehabilitation and the care of persons who have chronic mental illnesses convinced the Federation to accept psychiatric disabilities as part of the Federation's target group. The Rehabilitation Association for the Mentally Disabled was formed and has been very active in the development of new community programs, but user and family groups remain scarce, and the new schemes remain vulnerable to economic forces.

Chinese psychiatry is developing, but its future and that of the state-run health sector is precarious. The government is facing many perceived challenges and threats, political and economic, and included in these is the Falun Gong group, who are presumably seen as a threat because of their size—larger than the Communist Party—and their membership within the party itself. It is hardly surprising that the general psychiatric system, with its close connections to the police, is being used as one means of obstructing and shaming their activities. According to the documentary evidence that has come to light, the system has been used in this way for some 40 years, reaching a peak in the Cultural Revolution. The decrease in political cases over the past 10 years may be due to a slightly increased tolerance of public dissent by the authorities.

Among the Soviet protesters, there were many who were mentally ill. Their protests could have been a symptom of their illness, or their illness could have been brought about by the stress of being a whistle-

blower—universally acknowledged as a highly stressful situation. But many protesters who encountered this treatment were not ill. In China, their supporters claim that they are healthy citizens going about their business or demonstrating peacefully. It is the Chinese government that is illegally protesting against them. There is certainly a strong case, more than a suspicion, that psychiatry is once again being used for political purposes.

What action should be taken by international psychiatry? A visit by an international team is needed, including some Mandarin-speaking psychiatrists using its own interpreters. They would require access to patients of their choosing, to patients' records, and to relevant informants. For the clinical interviews, local Chinese colleagues could be invited to attend. These and other arrangements for an independent inquiry will have to be negotiated with the Chinese authorities. Such negotiations were conducted before the visit of the World Psychiatric Association team to Moscow in 1991—of which I was the Chairman. We had the great benefit of the experience of members of the U.S. delegation's visit there in 1989.

Both visits were made possible by the new regime of Mikhail Gorbachev. China, to our knowledge, has no one like Gorbachev. How, therefore, can it be persuaded to come to the negotiating table? I do not know the answer. But the knowledge of what is happening there, and the suffering that is being inflicted in the name of psychiatry, should make all psychiatrists determined to find an answer. To do nothing would leave a stain on world psychiatry. We can no longer remain mere bystanders.

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